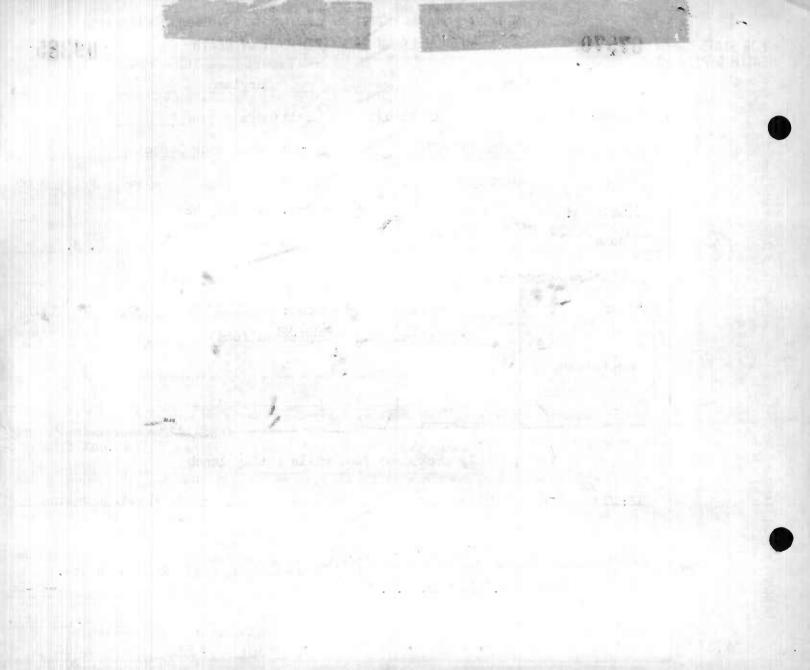
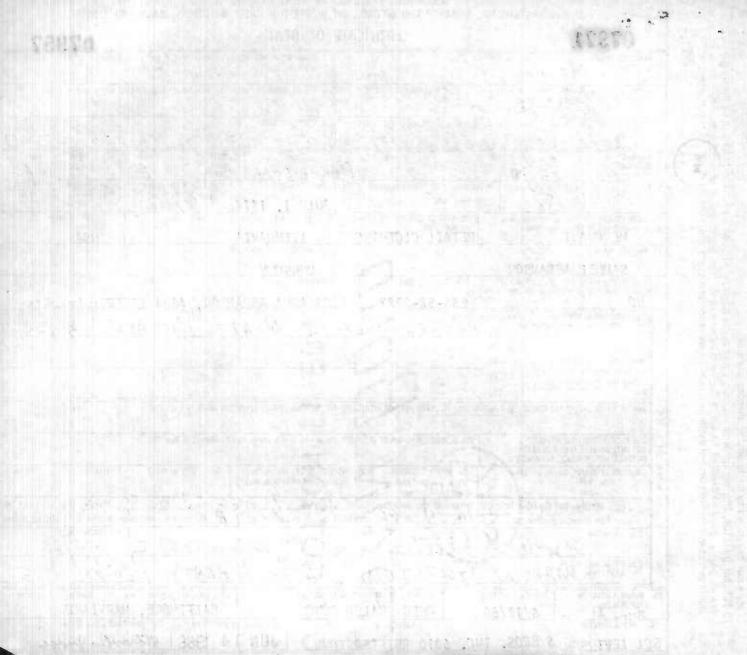
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH, AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 2, and 3 ta PM3. Page o. STATE b COUNTY 0 Baltimore Maryland MARYLAND delay i b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

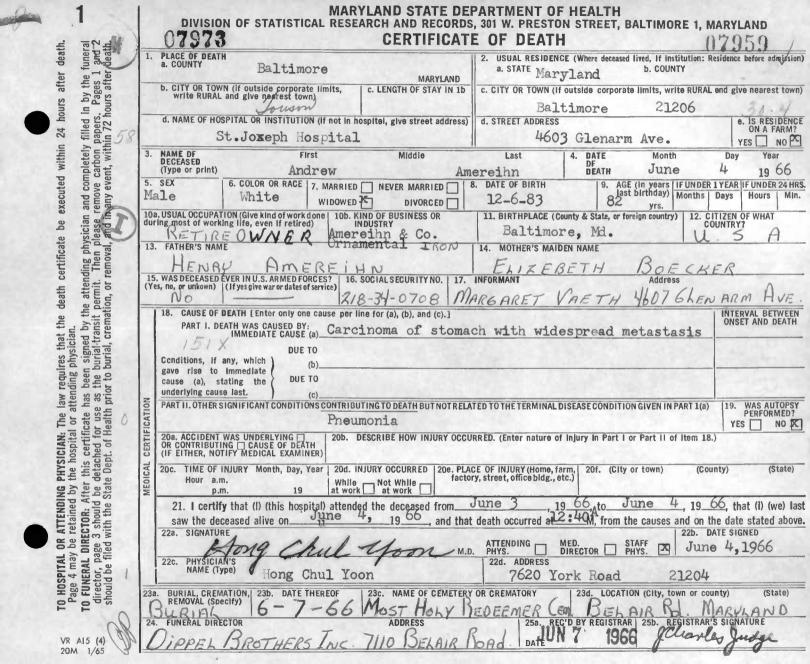
Catons Ville C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) after 19yrl6dys Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Item 18. Give Pages 1, Office alang with farm SPRING **GROVE** STATE HOSPITAL 401 South Anne Street ate YES NO NE 24 haurs after death. with the Sto within 72 h 3. NAME OF Middle First 4. DATE Last Day Year DECEASED Caroline (Type or print) Abramowicz June 66 DEATH 19 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED last birthdoy) Doys Oct. 1, 1923 female white WIDOWED DIVORCED pu 10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even il retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Maryland U. S. = d 'pending' in pencil ii Chief Medical Examiner pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within William Abramowicz Anna Mary Sobus File 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (II yes give war ar dates al service) remaval, unknown Records: SPRING STATE unknown GROVE 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN (regurgitated food) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Asphyxiati on 10 IMMEDIATE CAUSE (a) ward This certificate shauld crematian, DUE TO Conditions, il ony, which gave rise to immediate cause (o). be farwarded ta DUE TO stating the underlying cause 0 burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? please execute the certificate. priar ta 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Patient apparent 20a. EXTERNAL CAUSE WAS should PRIMARY Or CONTRIBUTING ly choked on food while eating lunch CAUSE OF DEATH agent, I 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page at wark 6-29 19 66 Catonsville, Maryland at work its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion for the funeral director. deoth resulted from: Maturol couses Undetermined manner Accident A Homicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1010 Leas Ave. DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** may George M. Kieffer, 6-29-66 M. Ø. Address (Street, city, tawn, or caunty) NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 50 Burial (Specify) 7/11/66 New Cathedral Cemetery Balto. Old Frederick Rd.. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Krause Funeral Home, 1216 S. Charles St. VR A15ME (5) 6M 1/66 DATE . Charles



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON ST	
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funeral 1 and 2	O. COUNTY 154 / FIRMORE MARYLAND O. STATE MA	(Where deceased lived, if institution: Residence befare admission) b. COUNTY b. COUNTY
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hin 24 ho filled in thin 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address) Bulfo. Co. (strictl) 18371111 Holds	Liberty Heights e. Is residence on a FARM? YES NO
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execute camp any eve	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED JULY 1, 18	9. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
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o € <u>_</u> = 9 5	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 While at wark of twark foctory, street, affice bldg., e	tc.)
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OR be r be	220. SIGNATURE 1220. SIGNATURE 1220. M.D. ATTENDING 1220. ADDRESS 1220. ADDRESS	MED. STAFF CIRECTOR PHYS. CIRCTOR PHYS. CIRCTOR CIRCTOR CIRCTOR PHYS. CIRCTOR
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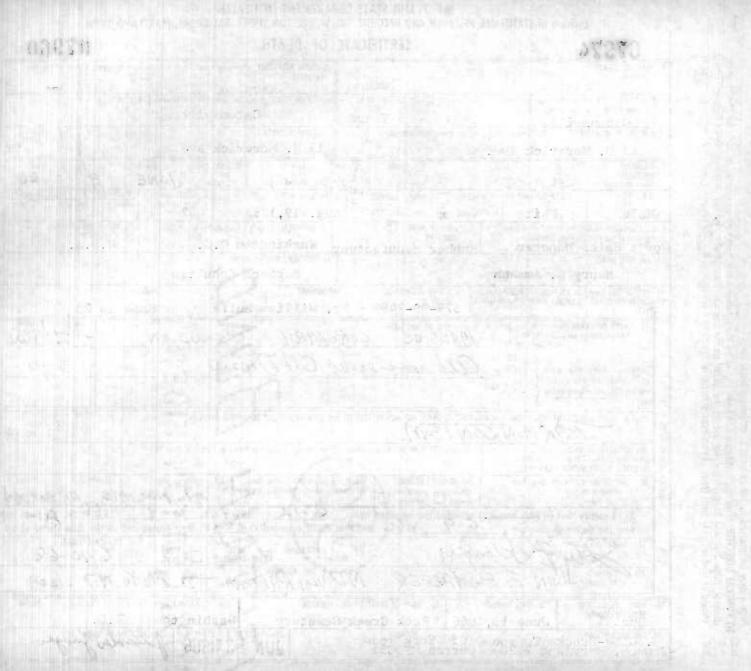
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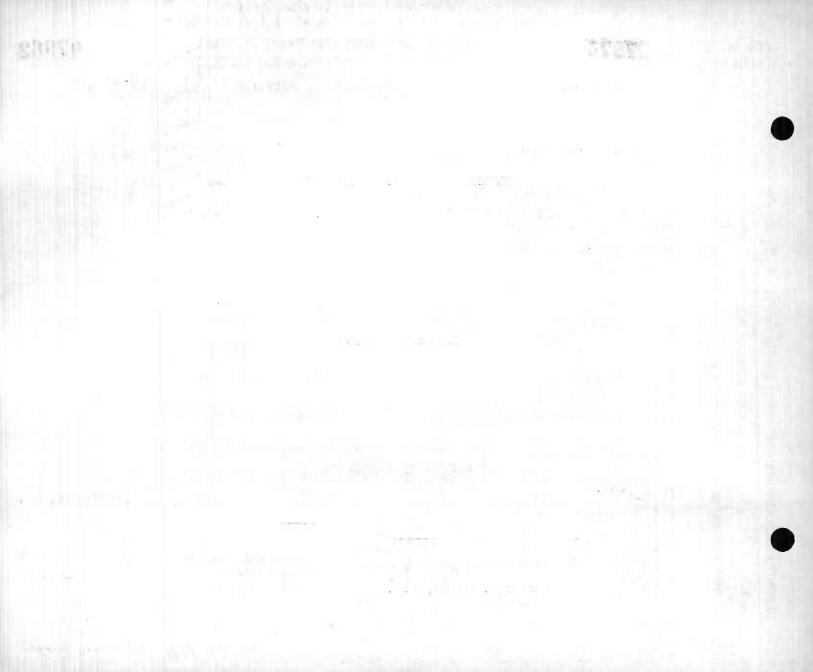


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07961 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. SIATE Maryland Baltimore 2, and 3 to PM3. Page O. death. MARYLAND Department b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn)
Baltimore after Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Item 18. Give Pages 1, Office alang with farm hours NORTH POINT & MILLERS ISLAND ROAD State 4118 Southern Avenue YES T NO NAME OF First Middle Arlequeast 4. DATE Manth Doy Year DECEASED JOAN MARIE ARLEOUL 29 (Type or print) June 19 66 WHITE DEATH with SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. lost birthday) Months Days Hours 4-29-1911 Female WIDOWED DIVORCED White 55 yrs. and 2 Da. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? pages 10 Chief Medical Examiner's any STAUR ANT U.S.A. = pencil 13. FATHER'S NAME within 14 MOTHER'S MAIDEN NAME .⊆ John Homer Gover Nellie M. Free File pup 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFRESERT W. Arleque be executed 16. SOCIAL SECURITY NO. Address permit. (Yes, na, ar unknown) (If yes give war ar dotes of service remaval, 'pending" No 212 34-6881 4118 Southern Ave. Baltimore, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Arteriosclerotic cardiovascular disease crematian, ar IMMEDIATE CAUSE (o) writing the ward This certificate should DUE TO Conditions, if ony, which gove rise ta immediate cause (a), farwarded to DUE TO stating the underlying cause last. burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? please execute the certificate, YES X NO designated agent, priar ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page Not While ot work at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion deoth resulted from: Noturol couses x Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE 6-29-66 OL DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health Werner U. Spitz, M.D. NAME (Type) Address (Street, city, town, or county) the 23d LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR' (County) (State) REMOVAL (Specify) Dulaney Valley EMETERY 7-5-66 Purial 1/-5-00

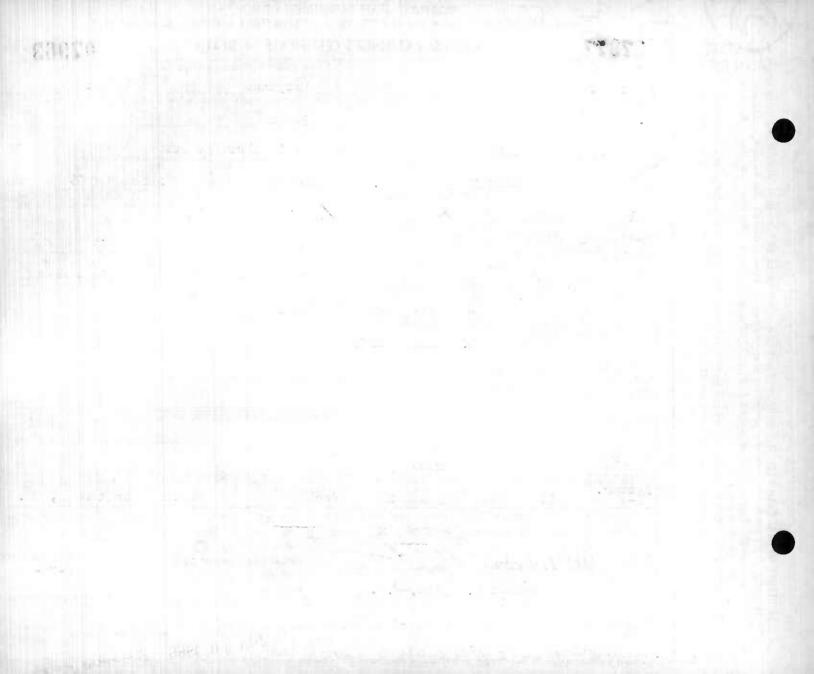
24 FINERAL DIRECTOR Brooks Towson 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 1050 York Rd. Towson, Madale JUL 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) g. COUNTY o. STATE h COUNTY and 3 to M3. Poge Baltimore MARYLAND Maryland Baltimore delay b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Essex Essex e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours VANDERMOST BEACH 912 Ashbridge Drive YES NOX Give Pages 24 hours ofter death. 3. NAME OF Middle 4. DATE First Last Month Doy Year DECEASED 278 66 GLORIA V. AUGUST DEATH June 19 (Type or print) within 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED Months Dovs Hours in Item 18. White WIDOWED V DIVORCED Female. 23 event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** ony e, writing the word "pending" in pencil in forwarded to the Chief Medical Exominer's poges in ony Montgomery. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) or removol. 217-40-0733 Tather 820 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Lightning stroke IMMEDIATE CAUSE (a) _ used os o buriol-tr buriol, cremotion, DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES & NO please execute the certificate, designoted agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY TO GE CONTRIBUTING CAUSE OF DEATH. struck by lightning (City or tawn) Approx a.m. 3-4 p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (Stote) TIME OF INJURY Month, Doy, Yeor factory, street, affice bldg., etc.) may be retained for your FUNERAL DIRECTOR: Poge 1966 at work Baltimore, Md. Essex beach at work 21. I certify that I took charge of the remains described above, held an Autapsy Inquiry Inspection and in my apinian the funeral directar. death resulted from: Accident x Suicide . Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth or 6-28-66 **EXAMINER'S** Werner U. Spitz, M.D. Address (Street, city, town, ar caunty) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) 23a. BURIAL CREMATION. (County) (Stote) 50 REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 300 Mare VR A15ME (5) Michaeles Judge DATE JUN 3 0 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 07877 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Baltimore ond 3 ta M3. Page of Baltimore Maryland MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) after Essex d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Office alang with farm 912 Ashbridge Drive Pages VANDERMOST BEACH ate NO X after death. 3 NAME OF Middle First Lost 4. DATE Month Year Doy DECEASED AUGUST within KENNETH W. June 28 66 (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) DIVORCED White Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY? d 'pending' in pencil in Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER JNO.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT be executed (Yes, no, or unknown) Klives give wor or dotes of service remayal Father 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ar IMMEDIATE CAUSE (o) Lightning stroke ward certificate shauld crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 as burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO designated agent, prior ta shauld be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 3 shauld PRIMARY or CONTRIBUTING MEDICAL EXAMINER: struck by lightning CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Appias e.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page of work of work Essex Baltimore, Md. 6 27 19 66 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry [and in my apinian Natural causes Accident X Suicide T. death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6-28-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Werner U. Spitz, M.D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) 0 REMOVAL (Specify) awn 24_ FUNERAL DIRECTOR 250. REGD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR ATSME Jacober Judge DATE 6M 1/66



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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. NRECTOR: After this certificate has been signed by the attending physician and completely ge 3 should be detached for use as the burial-transit permit. Then please remove cabbon and with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	Conditions, If eny, which gave rise to immediate cause (a), stating the DUE TD DUE TD Conditions, If eny, which gave rise to immediate cause (a), stating the DUE TD	ense
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HYSICIAN: The law requir he hospital or attending pthis certificate has been etached for use as the bopt, of Health prior to b	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HDW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of Item 1: (IF EITHER, NDTIFY MEDICAL EXAMINER)	
DING PHYSI of by the his After this d be detact	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4	ounty) (State)
ATTENDING retained by ECFOR: After 3 should be with the State	saw the deceased alive on June >6 1966, and that death occurred at 220M, from the causes and on	the date stated above.
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	Mercedes O. Clicantara M.D. ATTENDING MED. MED. STAFF PHYS. DIRECTOR PHYS.	DATE SIGNED - 26 - 66
FO HOSPITAL OR Page 4 may be O FUNERAL DIRE director, page 3 should be filed v	22c. PHYSICIAN'S MERCEDES ALCANTARA 22d. ADDRESS GBMC	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 07979 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY PM3. Page delay is ond 3 ta Balto. MARYLAND Md. Deportment b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

Randallstown c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore 21231 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? haurs Office alang with farm Item 18. Give Pages 1, Balto. Co. Gen. Hosp. 2029 Portugal St. ate YES NO X 3. NAME OF Middle (Michalski) Lost e Str First 4. DATE Month Year DECEASED Baranowski Helen 2 19 66 June within (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost hirthday) Months Days Hours 4-9-09 Female White WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S.A. dny Maryland housewife he ward "pending" in pencil in to the Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate should be executed within Josephine Drozd Benjamin Michalski 1S. WAS DECEASED EVER IN U.S. AKMED FUNCES:
(Yes, na, ar unknawn) (If yes give war ar dates of service)
212-16-6088 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. ar remaval Mrs. Modrak, 2029 Portugal St., Balto., Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral Vascular Accident IMMEDIATE CAUSE (a). s a burial-tra crematian, (e, writing the ward farwarded to the Ch DUF TO Conditions, if ony, which gove Hypertensive C.-V. Disease unknown rise ta immediate cause (a). DUE TO stating the underlying cause OS burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? the certificate, NO 0 YES pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY ar CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) foctory, street, affice blda., etc.) may be retained for your FUNERAL DIRECTOR: Page Not While none at work at wark designated 21. I certify that I taak charge af the remains described above, held an Autapsy , Inspection * Inquiry X and in my apinian the funeral director. Natural causes X. Accident . death resulted fram: Undetermined manner Suicide . Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Caples, M. D. 6 Hanover Rd. ad Reisterstown and Md. 6-4-66 5 may FO FUNE Health NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) mare 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15ME (5)

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A)	Division of STATISTICAL R	MARYLAND STATE I			AND 21201	
07981	M	EDICAL EXAMINER	S CERTIFICATE O	F DEATH	07967	
1. PLACE OF DEATH a. COUNTY Baltimo	ore	MARYLAND	o. STATE Marylane	d b. COUN	ian: Residence before admission) NTY Baltim å re	=
	If autside reporte limits, digive perest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If our Baltimo:	side corporate limits, write RUF	RAL ond give neorest tawn)	
	AL OR INSTITUTION (If not in hospi EPH HOSPITAL	itol, give street oddress)	d. STREET ADDRESS 2810 Su	perior Avenue	e IS RESIDENCE ON A FARM? YES NO 2	X
3. NAME OF DECEASED (Type or print)	First ROBERT	Middle V •	BARNES	4. DATE Mont OF DEATH June	/	6
s. sex Male	White WIDOW	RIED X NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Oct 19 189	100 / 2/10.	IF UNDER 1 YEAR IF UNDER 24 HR Manths Doys Hours Min	
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To tritter of those			Jane Horn			
15. WAS DECEASED EVE (Yes, na, ar unknown)	e E. Barnes R IN U.S. ARMED FORCES? (If yes give wor or dotes of service)		INFORMANT Family reco	Addre	155	
18. CAUSE OF DE	EATH (Enter only one couse per line I'H WAS CAUSED BY: A1 IMMEDIATE CAUSE (a)	e for (o), (b), ond (c).) rteriosclerotic	cardiovascula	ar disease	INTERVAL BETWEEN ONSET AND DEATH	_
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200. EXTERNAL CAL PRIMARY Or CON CAUSE OF DEATH.		b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	LES	-
20c. TIME OF INJU Hour o.m	η. γ	Od. INJURY OCCURRED 20e. F While Not While f twork of work	LACE OF INJURY (Hame, form, octory, street, office bldg., etc.)	20f. (City ar town)	(Caunty) (State)	
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ACTUAL SIGNATURE	Charle	(letty	m.D.	CAL EXAMINER (3)	22. DATE SIGNES 6-7-66	D
EXAMINER'S NAME (Type)	N. 23b. DATE THEREOF	Petty, M.D.	Address (Street, R CREMATORY	city, town, ar county) 23d. LOCATION (City or Tay	wn) (Caunty) (State)	
REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR C.F.EVA	R	Druid Ridg ADDRESS 2 Harford roa	2Sq. REC'D		OSTRAR'S SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07984 death. requires that the death certificate be executed within 24 hours after death pletely filled in by the funeral carban papers. Pages I and ent, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Baltimore o. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give peorest town) Texas OUSON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? G.B.M.C. 13 Church Lane NO T YES 3. NAME OF Middle Elizabeth Sarah Barron Lost 4. DATE 6-11-66 Year DECEASED (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years 5 tpst birthdoy) F 8-20-14 Months Hours WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? A. physician len please during most of working life (versif retired) INDUSTRY White Hall Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Danmyer, William Fowble, Bertha S. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, TOO runknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 217-36-2888 John E. Barron, Cockeysville, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: oronary acculsem IMMEDIATE CAUSE (o) DUE TO brome c sacute Bronclutes askmatic Conditions, if ony, which gove rise to immediate couse (o), DUE TO Convulnine clisorder etrology landers stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour a.m. Not While ot work shauld be 21. I certify that (1) (this haspital) attended the deceased from July 10 1963, to Scene 196, that (1) (we) last 1966, and that death occurred at M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR directar, page 3 should be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VACKSONVILLE ORKLE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (Stote) BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) ALLEY CEMETERY OCKESKUIL 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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January 1			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
	- E2-		07985 CERTIFICATE OF DEATH	7971
3	fter death. the funeral is 1 and 2 ifter death.	1.	a. COUNTY Balfin ORC MARYLAND a. STATE Maryland b. COUNTY And	napolis
	te be executed within 24 hours after sician and completely filled in by the filease remove carbon papers. Pages 1 and in any event, within 72 hours after.	_	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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	d within mpletely carbon pent, within	3.	NAME OF DECEASED (Type or print) SEX G. COLOR OR RACE 7 MARRIED NAME OF DEATH 19. AGE (In years FUNDER)	29 1966
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	res that the physician. signed by the burial-transit burial.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MURAL THROMBOSIS LEFT VENTRUCLE	ONSET AND DEATH
	aw requires that the ttending physician. has been signed by the serial-transit prior to burial, cremat		Conditions, If any, which gave rise to Immediate (b) FIBRINOUS PERICARDITIS	1 DAY
	tending as been as the prior to	z	cause (a), stating the DUE TO Underlying cause last. (c) BRON CHO PNEUMONIA	2 DAYS
	The large or use or use dealth	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	PHYSICIAN: the hospital r this certifi detached fo detached fo	1	20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	NG F by t fter be d state	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (Coursell at work a	nty) (State)
			21. I certify that (I) (this hospital) attended the deceased from 6/2/, 1966, to 6/29, 1968 saw the deceased alive on 6/21966, and that death occurred at 2/30M, from the causes and on the	
•	L OR A		Mercedes O. Wearles M.D. ATTENDING MED. STAFF PHYS. 6-	-29-66
	TO HOSPITAL OR ATTEN Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 shoul should be filed with th		22c. PHYSICIAN'S NAME (Type) MERCEDES ALCANTARY 22d. ADDRESS GB MC, TOU	USONY Md
	Page Page direct should	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or countries of the countrie	MD.
	VR AIS (4) 20M 1/65	1	his M. Try to + Sous aucopolis Mde DATE JUL 5 1966 polices	les Judge
		J		V

Account Cleak State of MD. GEORGE BARHETT William Anis Zolliakattere yes were Magnest 4 Bastlett #2 BURIAL 7-2-LG HILLEREST HEWARDERS John M. to to a day auripolis Md.

2 1 (N	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YI AND
FOR STATE	1	07986 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07979
HEALTH DEPT.		1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Resi	idence before admission)
F. 5 6 2.4		BALTIMORE MARYLAND a. STATE MD. b. COUNTY	
cessary, the funeral e 5 may be Department after death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and Wite RURAL and Give nearest town) MINS.	nd give naerast town)
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	0	BEAVER DAM RD POOLE RD.	ON A FARM?
M3. If the St		3. NAME OF PIRST Middle Last 4. DATE Month	Day Yaer
@ 17 C	-	(Type or print) FRIC Barry BAUMAN DEATH JUNE 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1)	24 19 66 YEAR IF UNDER 24 HRS.
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# 5 m	-		U.S.A.
al la		William A. Bauman 14. MOTHER'S MAIDEN NAME Barbara M. Mogg	
24 hours in Item 18 Office al File pag File pag	1	15. WAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
within pencil is miner's permit.			7
			INTERVAL BETWEEN ONSET AND DEATH
d be executed "pending" in f Medical Exa burial-transit cremation, or		9 / /	3 MIN.
d be exect "pending" Medical Burial-tran	V	Conditions, If any, which) (b)	
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certific certific ould be es. R: Page ignated	3	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and In my opinion
EXA shoul files. TOR:		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
4 7 3		ACTUAL DISTRICT OF THE PROPERTY OF THE PROPERT	22. DATE SIGNED
20000		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
DEPUTY N lease exer irector. P etained for FUNERAL f Health o	1	EXAMINER'S WILLIAM A. PILLSBURY Address (Street, City, Town, &	6-24-66
O DEPUTY please ey director. retained O FUNERA of Health	1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count urified the control of the co	
5 - 2	2	24. FUNERAL DIRECTOR 1050 VADDRESS 02d 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR AISME (5) 5M 1/65	N	Wm. Cook-Brooks Towson Towson 4, Maryland DATE JUN 28 1966 June	les Judge

bnaigant' Barbara M. Hogg VIIII an A. Dauman 212-08-9710: william A. Bannan, Sme as # 2

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funerol 1 ond 2 er death, 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND papers. Pages 1 b. CITY OR TOWN (If autside carparate limits. CLENGTH OF STAY IN 1h TOWN (If autside carparate limits, write RURAL and give nearest town) tunor 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 h filled YES NO T 3. NAME OF Middle corban 4. DATE Month Dov Year DECEASED 1966 (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH birthday) Manths Dovs Hours Min. WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired) INDUSTRY COUNTRY? Westinghouse Baltimore, Maryland
14. MOTHER'S MAIDEN NAME Estimator USA 13. FATHER'S NAME removal Pascal Kemp Beaumont Emma Thomas IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give war ar dotes of service 10 Above Edvthe Beaumont Idn, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: cremati ONSET AND DEATH IMMEDIATE CAUSE (o) burial-tron by DUE TO signed burial, nemones Canditians, if any, which gave (b) rise to immediate couse (o). DUE TO prior to stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospitol ar attending the hos PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Heolth 1 NO YES this certificate 5 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Nat While factory, street, affice blda., etc.) ot wark at wark 10 me 19 65thot (1) (we) las 21. I certify that (1) (this hospital) attended the deceased fram your 66 and that death accurred at 1032M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR M.D. PHYS PHYS 22d. ADDRESS 22c PHYSICIAN'S FUNERAL erNA NAME (Type) director, should by 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) Carroll County Buria 6-27-66 0 akeview Cemeter 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE

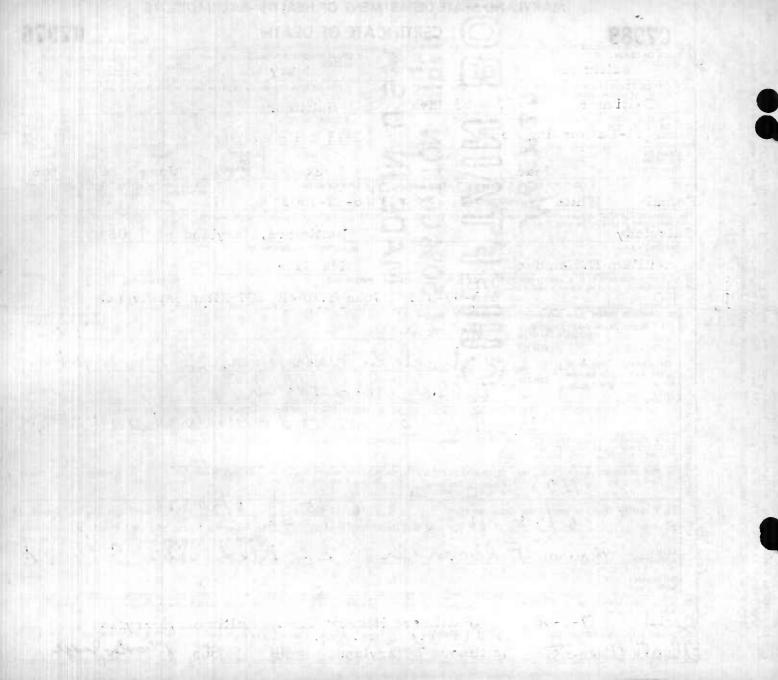
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 97988 CERTIFICATE OF DEATH deont. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) upera o. COUNTY o. STATE h. COUNTY MARYTAND BATTIMORE MARYLAND ely filled in by the fu bon papers. Pages within 72 hours aftel b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) I DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 2805 27 NO T VETERANS ADMINISTRATION HOSPITAL FRANKPORD carbon 3. NAME OF Middle Lost 4. DATE Month Doy Year DECEASED GEORGE BECK DEATH (Type or print) HINE IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Hours Doys DECEMBER 28. 1896 WIDOWED X DIVORCED WHITTE 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY physicion JOHNSTOWN, PENNA. POLICEMAN 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ANNA JOHN BECK 17. INFORMANT VA HOSPITAL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give wor or dotes of service) 218 22 CLINICAL RECORDS FORT HOWARD, MARYLAND 16 23 YES IWW 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN UNION OWN DEATH buriol-transit PART I. DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? use NO X YES for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Not While foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased from June 14, 19 66, to June 18, 1966, that (1) (we) last saw the deceosed alive on June 18 1866, and that death occurred at 6:00AM, from couses and on the date stated above. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S WALTER M. STERN, M. D. NAME (Type) VAH. FT. HOWARD, MD. director, should b 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, BUR TAL Specify) Baltimore, 6-22-66 Baltimore Nat'l em. 25b. REGISTRAR'S SIGNATURE RUCKRETUNERAL HOME 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 5305 HARFORD RD. BALLIMORE, Md.

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ACTUAL SIGNATURE	Maurice	Ful	dman fr			eet, city or tawn		nli	DAT	E SIGNED
PHYSICIAN'S NAME (Type)										
220. BURIAL, CREMA REMOVAL (Spec Burial)F	Baltimore H			on (City, town,		nd	(Stote	e)
23. FUNERAL DIRECT	SIS SIGNATURE		0 LADS ty Hgh		D BY REGISTR	AR 24b. REG	STRAR'S SIGN	NATURE	100	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY P.M.3. Page Baltimora MARYLAND Md. Balto. and 3 Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) after 20 Boring Boring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS farm haurs with the State [within 72 haur Osborne Rd. Osborne Rd. Item 18. Give Pages YES X NO alang with 3. NAME OF Middle 4. DATE First Last Manth Year DECEASED Edward Moul Becker 19 19 66 June (Type or print) DEATH 9. AGE (In years lost birthdoy) 80 vrs S. SEX 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 7. MARRIED NEVER MARRIED Months Doys Hours Male White X Sept. 9. 1885 haurs WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT **INDUSTRY** COUNTRY? York Co., Pa. Farmer Farming 2 pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME shauld be executed within Edward O. Becker Mary Moul File ond _= 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED TORSES:
(Yes, no, or unknown) (If yes give wor or dotes of service)
219-38-6750 he ward "pending" i to the Chief Medical permit. removal Mr. Oscar Becker, Taneytown, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE (AUSE (0) Arteriosclerotic C-V Disease JD. Vrs. s a burial-tro crematian, e, writing the ward farwarded to the Ch DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO certificate stoting the underlying couse SD used as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Arthritis please execute the certificate. YES [NO X 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld agent, prior PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. none 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) while Not While of work foctory, street, office bldg., etc.) 5 may be retained far your O FUNERAL DIRECTOR: Page om none the funeral director. Page designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection x Inquiry (x) and in my opinion Natural causes X. Accident deoth resulted from: Suicide [Undetermined manner Homicide . CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 6-19-66 DEPUTY MEDICAL EXAMINER D **EXAMINER'S** Health D. D. Caples, M. D. 6 Hangver Adds Strekeitsterstown, Md. NAME (Type) OR/GREMATORY BURIAL, CREMATION 23d LOCATION (Pity or Town) FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) 6M 1/66

STORY DETERMINED TO PROPERTY.

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Paralle of the State of the Sta

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution: Rasidance before edmission) a. COUNTY b. COUNTY Baltimore 15 T MARYLAND Maryland City-Baltimore by the b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) writa RURAL and give nearast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Baltimore d. STREET ADDRESS e. IS RESIDENCE papers. Pag in 72 hours a ON A FARM? Stella Maris Hospice, Towson, Md. 5716 Highgate Drive YES NO 3. NAME OF 4. DATE Month DECEASED OF and comp carbon pe (Type or print) DEATH 19 66 Benson 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. s attending physician con Then please, remove carb last birthday) Months Female WIDOWED T 9/24/1883 DIVORCED death certificate 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stata, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, aven if retired) Housewife U.S.A. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sylvester J. Roche Johanna Ryan Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivawarordates of sarvice) Stella Maris Hospice Balto., Towson, Md. signed by the permit. attending physician. 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which geva rise to immadiate ceusa DUE TO (e), steting the underlying causa last. y the hospital or r this certificate ! PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 0 PERFORMED? NO T use prior 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 20a, PLACE OF INJURY (Home, farm, Month, Day, Year 20d. INJURY OCCURRED I 20f. (City or town) factory, straet, office bldg., atc.) at work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from July 16. 1960, to June 13 19.66 that (I) (we) last saw the deceased alive on. June 11. 19.66 and that death occurred all 15 AMM the causes and on the date stated above 22a. SIGNATURE DATE ATTENDING SIGNED death. Page 4 PHYS. DIRECTOR PHYS. M.D. HOSPITAL page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Robert 602 E. Joppa Rd. Towson, Md. 2120 J. Mahon, M.D. director, be filed DATE THEREOF 23e. BURIAL, CREMATION, 1 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State REMOVAL (Specify) MORELAND MEMORIAL CEN BALTIMORE. MARYLAND 16,1966 JUNE BURIAL 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wm. Cook-BROOKS NOWSON INC. YORK RA.DATE JUN 1050

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07992 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death. by the funeral and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY o. STATE Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Fort Howard North Beach 3 Days d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO carban 3. NAME OF First Middle 4. DATE Year Lost Month Doy DECEASED RANDOLPH BERRY OF 25 66 JUNE 19 (Type or print DEATH S. SEX 7. MARRIED IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. NEVER MARRIED last birthday) Hours 10/9/25 WIDOWED Colored DIVORCED Male 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during masy of working life, even if retired) COUNTRY? **INDUSTRY** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service)
Yes PL 28 Clin. Rec. VA Hospital, Fort Howard, Maryland 218-20-10-89 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p UNKNOWN MENINGITIS - DUE TO DIPLOCCUS PNEUMONIAE DUE TO burial, Conditions, if ony, which gave BI-LOBAR PNEUMONIA DUE TO D. PNEUMONIAE Unknown rise to immediate cause (a). DUF TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO be retained by the haspital or far 20a. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) Hour a.m. factory, street, affice bldg., etc.) Not While at wark to June 1900 . that M) (we) last 21. I certify that (I) (this haspital) ottended the deceased from June 66 22 saw the deceased alive an. June 19 66 and that death accurred at5:10 Mirrom causes and an the date stated above 22a. SIGNAFURE 22b. DATE SIGNED **ATTENDING** 6/26/66 M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS VA HOSPITAL FORT HOWARD MARYLAND NAME (Type) JORGE A. FABARA, M.D. director, 230. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Plum Point Cemetery Huntington. BURTAT Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FIINGRAL DIRECTOR Charles 20 M 1/66

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12. CITIZEN OF WHAT

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(County)

6-28-66

Md.

ON A FARM?

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24. FUNERAL OIRECTOR

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ı	3. NAME OF DECEASE		First		Mid	die	Last	4. DATE OF	Month		ay Year
	(Type or) 5. SEX		ABY BOT	MARRIED	- MENTS A	LADOUED FOLL	BLAIR 8. DATE OF BIRTH	DEATH	AGE (In years I	27	19 66 AR JIF UNDER 24 H
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-	13. FATHER'				-007-5-1		14. MOTHER'S MA	IDEN NAME	THO.		Te. 5" 1
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l	22c. PH	SICIAN'S	1	ach	9	M.I	22d. ADDRESS	DIRECTOR	PHYS.	6/2	7 0 -
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	DUDIAL	CDEMATION 1 2	3b. DATE THE	REOF	23c. NAME	OF CEMETERY	OR CREMATORY	23d, 100	ATION (City, to	wn or county)	/ (State)
	23a. BURIAL	CREMATION, 2 L (Specify)	Ju. Will Illy	4 4	1	4 4 47		- Contract of	, ,,	. /	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17982 07995 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b COLINTY Balto. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours a write RURAL and give nearest town) life Rockdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital pre-street polices) = d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hin 72 l filled House in the Pines. 16 Fusting Ave 5938 Baltimore YES □ NO I carban Wit 3 NAME OF Middle Inst 4. DATE Month Dov Year campletely DECEASED Cecil Blanchard 26 1966 6 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED IK NEVER MARRIED Months birthdoy) Hours male white Nov. 21, 1909 WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT ease during most of working life, even if retired) physician COUNTRY? welding business Lynchburg, Va. MONO 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Edward Blanchard Sammie Sims or rer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Baltddd21207, Md. (Yes, no, or unknown) (If yes give wor or dotes of service Blanchard, 5938 Balto. Ave. Mrs. James F. 3182 crematian. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 10 BLASTOMA, LEFT HEMISPHERE IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse lost has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CIT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INILIRY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 1966, that (I) (we) las 21. I certify that (I) (this haspital) attended the deceased from 19 60 to be retained , page 3 should be filed with the 1966, and that death occurred at 745 M, from couses and on the date stated above O FUNERAL DIRECTOR: saw the deceased alive on_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF wrates moss, unD M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) Irwin Moss. M. 5836 Westview Mabi director, shauld 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Balto June 29. Pleasant Hill Durial 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 3 PDATE JUN

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07996 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE MEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE
Maryland b. COUNTY deloy is and 3 to M3. Poge 0 Baltimore MARYLAND Baltimore Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Catonsville c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 2, and P.M3. 1 Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? hours 110 Forest Avenue 28 110 Forest Ave. ate YES NO S ours ofter deoth. 3. NAME OF First Middle Last 4 DATE Doy Year DECEASED Carl within S. Bloede (Type or print) DEATH S. SEX 6. COLOR OR RACE 9 AGE (Let 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH years IF UNDER 1 YEAR IF UNDER 24 HRS last wirthdoy) Manths Dovs Hours Male White WIDOWED K DIVORCED Dec. 11, 1885 event 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? Building - Contractor any pages Building Contractor Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed with Victor G. Bloede 0 pup Elise Schon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Carroll Road (Yes, no, or unknown) ((If yes give wor or dotes of service) removol, Mrs. Lise B. Benson No None Phoenix. Md. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 5 IMMEDIATE CAUSE (o) This certificate should ward s o burial-tro cremation, o DUE TO Corder bascular de Conditions, if ony, which gave rise ta immediate cause (a). DUE TO stating the underlying couse 05 buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? please execute the certificate, YES 🗔 NO F agent, prior to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, affice bldg., etc.) Nat While may be retained for your FUNERAL DIRECTOR: Page at work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry 12. and in my apinian Suicide , death resulted from: Natural causes . Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 70 FUNE Health Address (Street, city, town, ar county) NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 7/2/1966 Green Mount Crematory Baltimore, Maryland 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (503 DATE JU 1966 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours after death death puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond completely filled in by the funeral remove corbon popers. Pages 1 and o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 189 Days Baltimore Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 707 Winston Avenue YES NO X Veterans Administration Hospital 3. NAME OF Middle OATE Month Doy Year OECEASEO GILMER CLARK 22 19 66 BOTELER JUNE **OEATH** (Type or print) PHYSICIAN: The low requires that the deoth certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. OATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEDXIX birthdoy) Hours Male White WIDOWED DIVORCEO 1/31/13 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physicion o Martins during most of working life, even if retired)
Oiler-Maintenance Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles E. Boteler.Sr. Serna A. Gilmer 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 0 Yes 213-09-09-71 Clin. Records, VAH. Fort Howard, Maryland INTERVAL BETWEEN 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: LIPOSARCOMA IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION for use YES X NO the hospitol or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work be retoined by 21. I certify that (1) (this haspital) attended the deceased fram December 15, 19 65, to June 22, 19 66 that (1) (we) last saw the deceased alive an June 22 1966, and that death accurred at 6:15MPVom causes and an the date stated abave. 22b. OATE SIGNED 220. SIGNATURE MED. DIRECTOR 6/23/66 X Human M.D. PHYS. 22d. AODRESS 22c. PHYSICIAN'S DeCASTRO, M. D. NAME (Type) RAUL F. VAH. FORT HOWARD, MARYLAND director, should b 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 6/25/1966 Baltimore, Maryland
TRAR | 25b. REGISTRAR'S SIGNATURE Louden Park Cemetery Burial 4905 York Road 2So. REC'O BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE AUT 2 4 Jenkins Funeral Home

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MARYLAND STATE DEPARTMENT OF HEALTH

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July of 1966 Relieved Bridge

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		DIVISION OF STATISTICAL RESE	ARCH AND RECORDS			MARYLAND
Di.		07999	CERTIFICAT	E OF DEATH		17986
r deat	1.	PLACE OF DEATH a. COUNTY		a. STATE	here deceased lived, If Institution b. COUNTY) 44
	-	b. CITY OR TOWN (if outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs)	de corporate limits, write RUR	AL and give nearest town)
1		write RURAL and give nearest town)	2	Balto. Md	1.	0.3-1
		d. NAME DE HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
6	G		rter	1601 Dart-	ford Rd.	YES NO
	3.	NAME OF FIRST DECEASED (Type or print) Baby Girl Ru	Middle	Last 4.	DATE Month OF DEATH	Day Year
	5.	SEX 6. COLOR OR RACE 7. MARRIED	I WEACH MINKELED	6-1-66	9. AGE (In years IFUND last birthday) Months	ER 1 YEAR IF UNDER 24 HRS. B Days Hours Min.
	10a dur	. USUAL OCCUPATION (Give kind of work done 10b. k	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County	& State, or foreign country) 12.	CITIZEN OF WHAT
				Balto. Co	s. 11d.	USA
	13.	MELVIN BUCK		14. MOTHER'S MAIDEN NA	SE.	
	15 (Yo	. WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT SK	Address	
		18. CAUSE OF DEATH [Enter only one cause per	ine for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	4 nemces	shaly		ONSET AND DEATH
		750 Y DUE TO				
		Conditions, If any, which gave rise to immediate (b)				
		cause (a), stating the DUE TO underlying cause last.				
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTDPSY
	ICAT					YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injur	y In Part I or Part II of Item	18.)
	MEDICAL	Hour a.m. While	Not While facto	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town) (County) (State)
	M	p.m. 19 at wor		6-1 1960	6 to 6-1 10	66 that (I) (we) last
		21. I certify that (I) (this hospital) attends	-/ 1966, and that		M, from the causes and or	
		22a. SIGNATURE	1770		22b.	DATE SIGNED
		H. Jacon	M.D		TOR PHYS.	6/1/66
		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
-	238	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY 23	3d. LOCATION (City, town or	county) (State)
(24	FUNERAL DIRECTOR	ADDRESS	25a. REC'D B	Y REGISTRAR 25h REGISTR	AR'S SIGNATURE
1		Your E. Adams,	w.D. GBM	C DATEN 7	1966 John	es judge.
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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	08000 CERTIFICATE OF DEATH
	1. PLACE OF OEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss a. STATE b. COUNTY
	Baltimore. MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest to
	Appeslie
	d. NAME OF HUSPITAL UR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS e. IS RESIDEN
	611 Overbrook Road YES No.
3	NAME OF First Middle Last 4. OATE Month Oay Year OF (Type or print) Edgar M. Bull DEATH June 7 19 66
-	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 241
	Male White WIOOWEO OIVORCEO 28 May 1886 80 yrs
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	School Teacher High School Maryland USA
	AT MOTHER OF MALES
-	John Thomas Bull 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unkown) (If yes pive war or dates of service) 219-01-4267 Minnie E. Bull 611 Overbrook Road
7.7	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEAT HEREAL HEREAL
	3 3 1 X OUE TO
	Conditions, If any, which gave rise to immediate (b)
	cause (a), stating the OUE TO
****	Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP.
i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
L	
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4
	21. I certify that (I) (this hospital) attended the deceased from 10, 1962, to 1966, that (I) (we)
	saw the deceased alive on June (a 19 66, and that death occurred at 72 M, from the causes and on the date stated about 22a. SUGNATURE 22b. OATE SIGNED
	Reeden Mymer M.D. PHYS. WED. OIRECTOR PHYS.
	22c. PHYSICIAN'S 22d. AOORESS
	Reuben Hoffman 846 W. 36th Street
	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	ent omb ment 10 June 66 Lorraine Mausoleum Baltimore County Marylan 24. FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR'S SIGNATURE
	Burgee Funeral Home 3631 Falls Road OANN 13 1966 Charles Judge
=	Lynn Burgel Henry

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MARYLAND STATE DEPARTMENT OF HEALTH

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1	DIVISION OF STATISTICAL RESEARCH AND REC	CRDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
<u>.</u>	08002 CERTIFI	CATE OF DEATH	97989
Tours after death.	Baltimore County MARY	2. USUAL RESIDENCE (Where deceased lived, If Institution a. STATE BRYLAND b. COUNTY	n: Residence before admission
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Wilson	IN 1b C. CITY OR TOWN (If outside corporate limits, write RUI	RAL and give nearest town) $16 - 2$
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a		e. IS RESIDENCE ON A FARM?
-	ount Wilson State Hospital		YES NO M
	NAME OF DECEASED (Type or print) COLBERT HERN	BURNS 4. DATE Month OF DEATH 6	Day Year 15 19 66
5.	1ALE WHITE WIDOWED DIVORCE	5/6/16 5 ast birthday) Month	
1	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) ABORER ABORER	W. VIRGINIA	COUNTRY?
13	TELFORD BURNS	14. MOTHER'S MAIDEN NAME PEARL WYLEY	1
1! (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address	81
=	N_0 233-22-362 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c	Records, Mt. Wilson State	INTERVAL BETWEEN
Z	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar back Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO CC. Right back DUE TO CC. Right	whentempyina enmactory	ONSET AND DEATH Gear Gea
CERTIFICATION	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT INCOME TO BE A COLOR OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE SIGNIFICANT CONTRIBUTING TO DEATH BUT IN CONTRIBUTION TO DEATH BUT IN CONTRIBUTING TO DEATH BUT IN CONTRIBUTING TO DEATH BUT IN CONT	Y OCCURRED. (Enter nature of Injury In Part I or Part II of Item	PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work at work	Oe. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased f saw the deceased alive on 6 1966, a 2221 SIGNATURE	nd that death occurred at 4 B.M, from the causes and o	966, that (V) (we) lase on the date stated above DATE SIGNED
	22c. PHYSICIAN'S	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	6/15/66
23	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CI BEMOVAL (Society) 6/8/66 Washing	METERY OR GREMATORY 23d. LOCATION (City town or Suttand	
2	4. FUNERAL DIRECTOR ADDRESS & ADDRESS &	matta, Mid 25a, REC'D BY REGISTRA 25b. REGISTR DATE N 17 1966 Clien	les Judge

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2 % To The Records, Mt. Wilson State New 12 at

Townsomer, M.D., Superintendent Mount Wilson, Peppland

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after death. the funeral ges 1 and 2 after death.		LACE OF DEATH		2. USUAL RESIDENCE (Where a. STATE	deceased lived, If institution: Re	sidence before admission)
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rs after by the f Pages 1 urs after	М	o. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	MORE	A
24 hours filled in by apers. Pa apers.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit		d. STREET ADORESS	MONE	e. IS RESIDENCE ON A FARM?
n 24 hc y filled papers.	M	BANA Mt. Wilson State Ho		AND 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IRMOUNTAV	ON A FARM? YES NO
suted within 24 hours and completely filled in by the carbon papers. Page y event, within 72 hours and the carbon papers.		NAME DF FIRST PECEASED Type or print) REULAH	Middle R u	Last 4. DAT	E Month	0ay Year 7 19 66
ted com ve c	5.		NEVER MARRIED 8	. OATE OF BIRTH	9. AGE (In years IF UNOER 1	YEAR IF UNDER 24 HRS.
executed and com remove c		MALE COLORED WIOOWED	DIVORCED	12/12/12	5-3 yrs.	Days Hours Min.
be e	10a. durl	USUAL OCCUPATION (Give kind of work done 10b. KINO g most of working life, even if retired)	STRY	11. BIRTHPLACE (County & St	COL	IZEN OF WHAT
nysic plea		1 A I D D OH E	ESTIC	14. MOTHER'S MAIDEN NAME	AROLINA 6	LSA_
ig phys noval, a	13.	STROTHER BUT	IFR	M A Co Co		
ndin Th	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17.	INFORMANT	Address	
death certificate be execut to attending physician and co permit. Then please remove tion, or removal, and in any e		no, or unkown) (If yes give war or dates of service)	Rec	ords, Mt. Wils	on State Hos	pital
the t pe	T	18. CAUSE OF DEATH [Enter only one cause per line			0 1	INTERVAL BETWEEN ONSET AND DEATH
that the sician. ned by th al-transit al, cremai		PART I. OF ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	estalie Ca	remome of	Breat	ONSET AND DEATH
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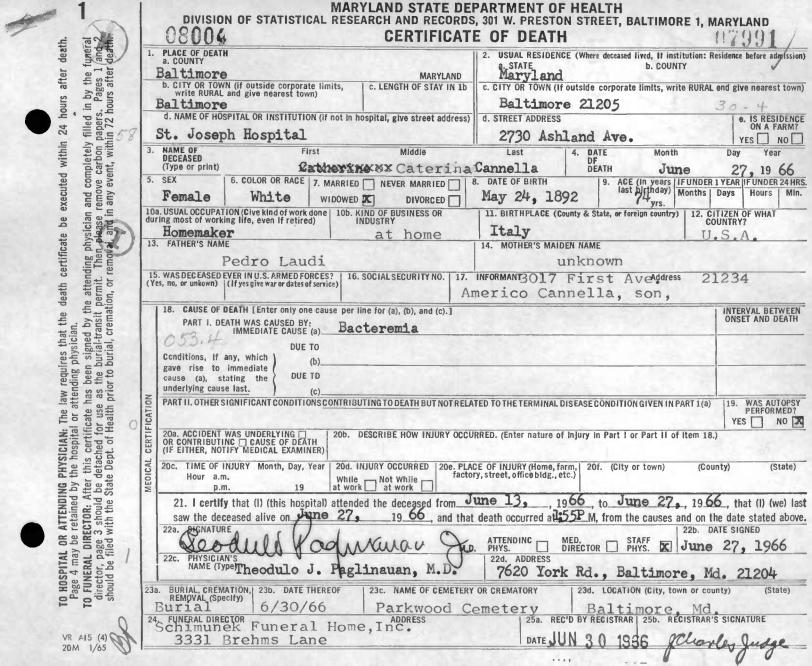
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 to M3. Page 0 Baltimore MARYLAND Maryland Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) and after Texas, Md Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS e State | 72 haur 1008 W. 38th St YES NO T Longview Golf Course . Texas . Md 3. NAME OF Lost 4 DATE Month Year DECEASED 23.1966 within William T. Carbis. June 19 (Type or print) DEATH IF UNDER 1 YEAR S. SEX 7. MARRIED AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Davs Hours WIDOWED DIVORCED White 126/99 event Male pub 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? Retired Foreman any Maryland

14. MOTHER'S MAIDEN NAME U.S pages Penna 13 FATHER'S NAME penci = Ellen McDonald pup Charles Carbis IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address cremation, or remayal, Ada M. Carbis. 1008 W. 38th St. 18. CAUSE OF DEATH (Enter only one couse per lipe fay (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY 2721 IMMEDIATE CAUSE (a) Word should DUE TO Conditions, if ony, which gove to rise to immediate cause (a), certificate DUE TO stoting the underlying couse 0 0.5 burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO pe to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) 3 should agent, prior PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (State) Hour o.m Not While foctory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion deoth resulted from: Natural causes Accident [Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 0 6/23/66 **EXAMINER'S** Health Charles F. O'Donnell. NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify)
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ARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE OF 1. PLACE OF PEATH 2. USUAL RESIDENCE (Where deceased lived, If institution desidence a. COUNT b. COUNTY a. STATE MARYLAND b. CITY DESOWNED c. LENGTH OF STAY IN 16 c. CITY OF TOWN d. NAMA OF HOSP STITUTION (if not in hospital, give streat addless) d. STREET ADDRESS a. IS RESIDENCE ON A FARM State 3. NAME OF Middla 4. DATE DECEASED OF (Typa or print) DEATH 5. SEK 6. COLOR OR RACE AGE An years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS . MARRIED NEVER MARRIED st Wirthday) Months WIDOWED 10a. US AL OCCUPATION (Give 10b. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? and of work done during most of working life aven if ratired MOTHER'S MAIDEN NAME 15. WAS DEGEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause par lin INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immadiata cause DUE TO (a), stating the underlying causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT-NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED plnous 20b. DESCRIBE HOW INJURY OCCURED, Enter nature of injury in Part I or Part II of itam 18. 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not While MEDI al work el work p.m. DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED lease execute should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) Burial (Spacify) 6-29-66 Grace Methodist Falls Rd., Cockeysville, Md. 240 g 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR VS. A15ME Wm. Cook-Brooks Towson, Inc. Towson, Md. 21204 5M 7/59

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) e. COUNTY b. COUNTY Baltimore 古 七 七 七 Baltimore MARYLAND Maryland and b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give nearest town) Catonsville 21228 19 years Catonsville 21228 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 108 Melrose Avenue YES NO 108 Melrose 3. NAME OF Middla 4. DATE Year DECEASED OF carbon pa (Type or print) DEATH JOSEPH MILLARD CAVEY June 16 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months male White Sept. 24. 1913 WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired any Worked for Contractor Howard Co., Maryland Carpenter U. S. A. 13. FATHER'S NAME 2 William Millard Cavey Marie Addison 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Catonsville Address Md. 21228 (Yas, no, or unkown) | (If yas giva war or datas of service) No Mrs. Margaret A. Cavey 108 Melrose Avenue by the 18. CAUSE OF DEATH [Enter only one cause per line for (a) INTERVAL SETWEEN ONSET_AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) been signed burial-transit DUE TO aftending Conditions, if any, which gave risa to Immadiata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) CERTIFICATION 8 0 PERFORMED? YES NO T prior 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH he (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bidg., atc.) Hour e.m. Not Whila of at work at work p.m DIRECTOR: 19.66 and that death occurred at 2.7M, from the causes and on the date stated above saw the deceased alive on... 22a. SIGNATUR 22b. DATE ATTENDING SIGNED STAFF PHYS. DIRECTOR PHYS. HOSPITAL death. Page 4 O FUNERAL AZC. PHYSICIAN'S 22d. ADDRESS 21228 NAME (Typa) James G. Howell M.D. 1011 Frederick Avenue Catonsville, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) S dig June 20, 1966 Mount Olive Cemetery Randallstown, Maryland ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE tal Home Catonsville. Md. 20M S-63

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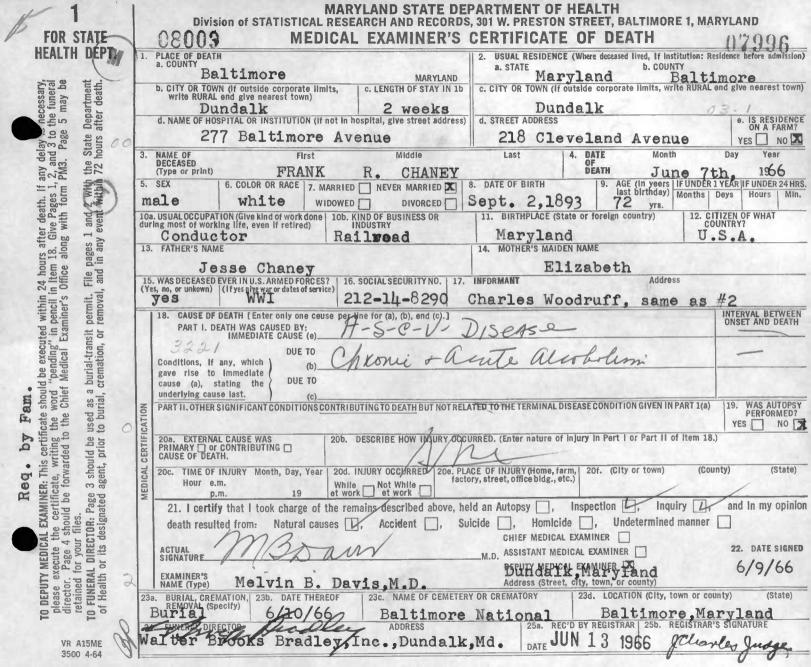
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY. a. STATE by the fages 1 ars after Baltimore Md. Baltimore MARYLAND b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL end give nearest town) Catonsville Catonsville .5 bon papers. within 72 h filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS e. IS RESIDENCE ON A FARM? Midvale Ave. Midvale Ave. 1407 NO X YES within etely carbon NAME OF First Middle DATE Last Month Day Year DECEASED event, William comple (Type or print) W. Collins June 16 1966 DEATH 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH emove 7. MARRIEO T NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Davs any and Nov.7,1887 WIDOWED [OLVORCED [8 physician n please r val, and in 10a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) death certificate be INDUSTRY Sales Md. Laundry 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending permit. Then Collins Wilhemina Pfeiffer James 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYND. 17. INFORMANT Address permit. 0 (Yes, no, or unkown) | (If yes give war or dates of service) Kenneth Collins Midvale cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN aw requires that the Hart Fachure ONSET AND DEATH ial-transi PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed Jiha been strian the burian burial, c **OUE TO** Conditions, If any, which rise to immediate DUE TD stating underlying cause last. 2.1(c) 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO A YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While p.m. 19 at work at work 1966 70 should ith the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred a MM, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATUR 22b. DATE SIGNED page MED PHYS. **OIRECTOR** PHYS. тау HOSPITAL PHYSICIAN'S NAME (Type) FUNERAL director, p Page 4 NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 6-20-66 Baltimore, Burial hedra ADDRESS 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR 20M 1/65

RECUE A CONTRACTOR OF THE PARTY OF TH THE PERSON DELICABLED IN THE REAL PROPERTY. The same of the sa Parameter a service John Landy Judge

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death campletely filled in by the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Days Baltimore Fort Howard d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) ON A FARM? 2809 Mt. Holly Street Veterans Administration Hospital YES NO X 3. NAME OF 4. DATE Year Doy DECEASED 19 66 COTTMAN JUNE 1ST WALLACE (NMI) DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remove any ev birthdoy) Hours Colored Male 11/23/10 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please U.S.A. during most of working life, even if retired)

Janitor INDUSTRY Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henrietta John Cottman 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 132-10-92-79 Clin. Records, VAH, Fort Howard, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH AS CAUSED BY:
IMMEDIATE CAUSE (a) STATUS POST OPERATIVE PNEUMONECTOMY FOR PART I. DEATH WAS CAUSED BY: DUE TO BRONCHOGENIC CARCINOMA Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the priar ta has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES 🗶 O FUNERAL DIRECTOR: After this certificate far 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this hospital) attended the deceased from April 4 , 19 66, to June 1966 , that (1) (we) last should saw the deceased alive on June 1 1966, and that death occurred at 1:20AM, from causes and on the date stated above. 22b. DATE SIGNED SIGNATURE ATTENDING 6/1/66 M.D. DIRECTOR PHYS. PHYS. directar, page shauld be filed 22d. ADDRESS PHYSICIAN'S MILTON GINSBERG, M. D. NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 230. BURIAL, CREMATION REMOVAL (Specify)
BURTAL BALTIMORE, MARYLAND BALTIMORE NATIONAL REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Charles ORIEANS ST. BALTIMORE MD

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1		DIVISION OF STATISTICAL F	MARTLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1. MARYLAND
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by 1 Page urs a		b. CITY OR TOWN (If outside corporate limit write RURAL and give nearest town)	its, c. LENGTH OF STAY IN 1b 6. CATY OR TOWN (If outside corporate	limits, write RURAL and give nearest town
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etely fill bon par within	3.	NAME OF DECEASED First	Middle Last 4. DATE OF DEATH	Month Day Year
ted w comple re car event,	5.	SEX 6. COLOR OR RACE 7 MA		(In years IFUNDER 1 YEAR IF UNDER 24 HR
executed within and completely remove carbon n any event, with	-	20. 1- 1.11	DOWED DIVORCED Sent 20. 1889 11	(In years IF UNDER 1 YEAR IF UNDER 24 HRS Irthday) Months Days Hours Min. yrs.
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eath certifical attending ph ermit. Then	13	S. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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The law requires that the death certificate be or attending physician. The attending physician is as the burial-transit permit. Then, preate selfth prior to burial, cremation, or removal, and it	0	(If yes give war or dates of service	305-07-7047 NANCY h. CoultE.	= 44.19 Wickford A
at the dear ian. d by the at ransit per		18. CAUSE OF DEATH [Enter only one caus	se per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
hat the cian. ed by the transit.	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Broach at Meum	on la 30 hours
The law requires that th or attending physician. sate has been signed by use as the burial-transi salth prior to burial, crem		Conditions, if any, which) (b)	Renal Foilure	5 days
requir ding p been the b		gave rise to immediate Cause (a), stating the DUE TO		
law requirenting I	z	underlying cause last. (c)	NATO IDILITADO TO DESTUDIA NOT DEL ATEN TO THE TERMINAL DIOFAGE CONDITION	GIVEN IN PART 1(a) 119. WAS AUTOPSY
I: The land or at ficate hor use Health	CERTIFICATION	((-	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED?
	0	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of	
PHYSICIAN: the hospita this certifi detached fo e Dept. of H		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
PHYSI the h this detacl	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.	20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	or town) (County) (State)
DING ed by After d be e Stat	ME	p.m. 19	at work at work	6-23, 1965, that (1) (we) las
OR ATTENDING be retained by IRECTOR: After e 3 should be ed with the State		21. I certify that (I) (this hospital) as we the deceased alive on	attended the deceased from 5-1-, 1966, to 1966, and that death occurred at 3:00 AM, from the	e causes and on the date stated above
R AT RECT 3 S I with		22a. SIGNATURE	\0.0	22b. DATE SIGNED
AL OR nay be NL DIR page filed	,	22c, PHYSICIAN'S	M.D. ATTENDING MED. ST PHYS. DIRECTOR PH	YS. 0 5-23-66
SPIT • 4 m NERA Stor,		22c. PHYSICIAN'S NAME (Type)	1. Miller Linson Rd.	On igs Mills Ma
TO HOSPITAL OR ATTENDING I Page 4 may be retained by to FUNERAL DIRECTOR. After director, page 3 should be should be filed with the State	23	a. BURIAL, CREMATION, 23b. DATE THEREG		N (City, town or county) (State)
		Burial 6/25/1960	6 New Cathedral Cem. Baltime	
VR A15 (4)		I.W.Jenkins & Sons	Co. 4905 York Road JUN 2 4 19	
15M 4-64	71 =		Baltimore 12, Md. DAIL	- V

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MARYLAND STATE DEPARTMENT C	OF HEALTH—BALTIMORE, 1	1
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08016	CERTIFICA	ATE OF DEATH	Reg. I	Dist. No.() 8(1)()3
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	sed lived. If institution; Resid b. COUNTY	lence before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con	porote limits, write RURAL on	d give nearest town)
Sparrows Point	38 years	Sparrows	Point	07-1
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
808 I Street			reet	YES NO X
3. NAME OF DECEASED (Type or print) Willie	Middle Fuller	Crisp 4. DATE OF DEAT		10 19 66
5. SEX 6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH		ER 1 YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b.		STRY 11. BIRTHPLACE (State or foreign		LITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Janitress	Post Office		uth Carolin	a U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Fuller		Mamie Fuller		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	0 00 1141	nomas L. Crisp	Address 808 I St:	reet
18. CAUSE OF DEATH [Enter only one cause part in DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (o), (b), and (c).)	Pancrea)	INTERVAL BETWEEN ONSET AND DEATH
157 \ DUE TO	7	4		
Conditions, if ony, which gave rise to immediate (b)				
couse (a), stating the <u>under-</u> DUE TO lying cause lost.				
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTHER, MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or P	ort II of item 18.)	
20c. TIME OF INNURY. Manth, Doy, Year 20d. I While of wor	Nat while fac	ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	ity or town)	Poully (State
21. I certify that I attended the deceas		19 65 to 6/8/		last saw the decease

ADDRESS (Street, city or tawn, stote) ACTUAL M.D. 105 Main /Street

PHYSICIAN'S NAME (Type) Theodore Patterson,

220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Park 5/66 Memorial Arbutus

Arbutus Maryland

22d. LOCATION (City, town, or county)

(Stote)

24b. REGISTRAR'S SIGNATURE 1966 JCharles 240. REC'D BY REGISTRAR ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE DATE Laurens

VS A15 (4) 15M 9/58

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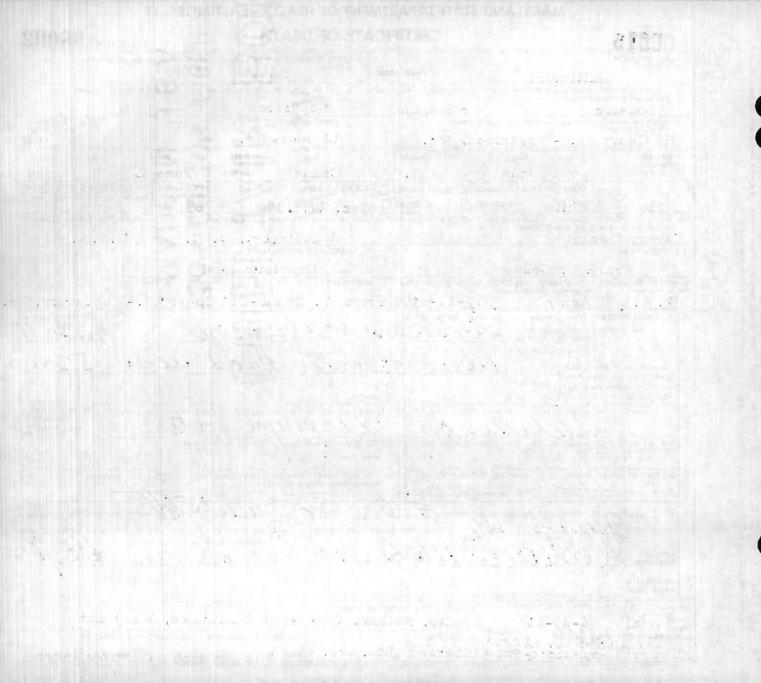
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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	1

08017		CERTIFIC	ATE OF DEATH		Reg. Dist. NJ.8004
1. PLACE OF DEATH COUNTY B	altimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	ere deceased lived. If institution b. COUNTY	: Residence before admission)
b. CITY OR TOWN ((If outside corporate limits, writ	c. LENGTH OF STAY IN 16	+	utside corporote limits, write RUF	RAL and give nearest tawn)
Catonsy		5 weeks	Baltimore	2	x3 /
	TAL (If not in hospital, give stre	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	la Nursing Ho	me	2201 Southl	and Rd.	YES NO TO
3. NAME OF DECEASED (Type or print)	First Louis e	Middle Prelesnic Cro	lasi ocker	4. DATE Month OF DEATH June 2	/
5. SEX	6. COLOR OR RACE 7. M.	ARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS
Female	White wind	WED DIVORCED	Oct. 16, 1914	last birthday)	Months Days Hours Min.
On. USUAL OCCUPATION	ON (Give kind of work done 16 king life, even if retired)	06. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
At Home	king me, even ir renreaj		Frederickt	town, Pa.	U.S.A.
13. FATHER'S NAME		WILL STREET	14. MOTHER'S MAIDEN N		
Joseph	Prelesnic		Staltzer		
	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT	Addres	is .
No	(it yes, give war or dates or service)	None G	eorge W. Cro	cker-2201 Sou	thland Rd.
18. CAUSE OF DE	ATH [Enter only one couse pe	r line for (o), (b), ond (c).]			INTERVAL BETWEEN
Conditions, if a gove rise to couse (o), stoting lying cause last.	the under-				
CATIC		IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVER	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in P	art I or Port 11 of item 18.)	
Y 20c. TIME OF INJUI Hour o. m. p. m.	Wh	E.	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.	20f. (City or town)	(County) (State
21. I certify th	hat I attended the dece	ased fram	19 48, to J	une, 1966,#	nat I last saw the decease
alive an	Millard T. Trab	1 Holand	accurred at 7:50P	M, fram the causes and ADDRESS (Street, city or town, st	an the date stated above
22a. BURIAL, CREMATIC REMOVAL (Specify Burial	ON. 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, tawn, or Baltimore, M	
23. FUNERAL DIRECTOR	1	ADDRESS	24a. REC'D	BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



08013 death. requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral 1. PLACE OF DEATH

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attending physician permit. Then please

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Dept. af Health priar to

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VR A15 (4), 20 M 1/68

signed by

10 FUNERAL DIRECTOR: After this certificate has been

Page 4 may be retained

E.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission b. COUNTY ANNE ARUNDEL o. COUNTY o. STATE BALTIMORE MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TDWN (If outside carparate limits, write RURAL and give nearest town) 14 DAYS FORT HOWARD GLEN BURNIE d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME DF HDSPITAL DR INSTITUTION (If nat in haspital, give street address) VETERANS ADMINISTRATION HOSPITAL 1611 MANNING ROAD NO D 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED CUDDY JUNE 20 66 MALLITW H. 19 DEATH (Type or print) S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Jast birthday) Hours JANUARY 1,1893 WIDOWED DIVORCED MALE WHITE 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) U.S.A. during most of working life, even if retired) PACKAGE DELIVERY BALTIMORE, MARYLAND SUPERVISOR FATHER'S NAME 14. MOTHER'S MAIDEN NAME PRICILIA MITCHELL WILLIAM CUDDY WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT (Yes no or unknown) (If yes give war or dates af service) 213 09 47 06 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) S CAUSED BY: IMMEDIATE CAUSE (0) METASTATIC SQUAMOUS CELL CARCINOMA OF THE RIGHT ONSET AND DEATH PART I. DEATH WAS CAUSED BY: LUNG DUE TD Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) 20c. TIME OF INJURY Manth, Day, Year (County) (State) Haur a.m factory, street, affice bldg., etc.) Not While at wark 6/20/66 , 19___, that (we) last 21. I certify that (4) (this haspital) attended the deceased from 6/6/66 6/20/66 19 and that death occurred at 7:20AM, from causes and an the date stated above. sow the deceased alive on. 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. ATTENDING 6/20/66 M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH FORT HOWARD, MARYLAND M. D. RAUL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) BURLAL (Specify) Baltimore , Md. 23 June 66 Holy Redeemer BY REGISTRAR 24 FUNERAL DIRECTOR HICHWAY, BALTIMORE DO

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 08019 HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Baltimore Maryland b. COUNTY delay is and 3 to M3. Page MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Baltimore, 21212 Towson d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? haurs St. Joseph! Hospital 1318 Sherwood Ave. Give Pages ate NO TH 3. NAME OF 4. DATE Month Day Year DECEASED Caroline Mary Daue OF 20 66 (Type or print) DEATH 19 with S. SEX 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED birthday) 9-19-1895 W Months Days Hours Item 18. WIDOWED DIVORCED Office 10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 5 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Own Home COUNTRY? Baltimore d 'pending' in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Frederick Siegle Anna McNally and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, ng or unknown) (If yes give war ar dates of service) 216-03-6875 removal Mrs. Carolyn D. Gray Same 1B. CAUSE OF DEATH (Enter only one cause per line for (of (b), and (c) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) certificate shauld Ward cremation, DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause SD burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? please execute the certificate. NO . 0 YES pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | ar Part |) of item 18.) shauld prior PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Hour o.m. foctory, street, office bldg., etc.) at wark funeral directar. Page designated 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection . Inquiry may be retained far FUNERAL DIRECTOR: ond in my apinion death resulted fram Natural causes -Accident | Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** 5 may TO FUNE Health NAME (Type)Charles F. O'Donnell Phabress (Sheet with town, of founty) York 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) BEMOXA (& Tity) 6-22-1966 Baltimore Cemetery Baltimore, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE CRoad VR A15ME (5) Balto . Md DATE 6M 1/66

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Balto. Md.

VR A15 (4)

24. FUNERAL DIRECTOR

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TATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S OF DEATH RTIFICATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence below admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comporate limits, write RURAL and give nearest town) d. STREET ADDRESS hospitel, give streat address) IS RESIDENCE ON A FARM? NAME OF Middle DATE DECEASED OF (Typesor print) DEATH 19 COLOR OR RACE 7. MARRIED NEVER MARRIED ASE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS Months | Days Hours WIDOWED DIVORCED [10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign count 12. CITIZEN OF WHAT COUNTRY? done during most of werking life, even if retired ATHER'S NAME 14. MOTHER'S MAIDEN NAME Hugusta Harford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, ng, or unkown) | (Ifyesgive war,or detes of service) Dorothea A 18. CAUSE OF DEATH [Enter only one cause per line fer (e), Abi, and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION PERFORMED 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, Enter neture of injury in Part II or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 20f. (City or Jown) Month, Day, Year (actory, street, office bldg., etc.) Not While Moun a.m. at work at work 19 66 DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion 0 Suicide I Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER please execute it should be forward by FUNERAL DII ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Baltimore, Moreland Memorial em. 40 0 Burial 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR REC'D BY REGISTRAR I VS. A15ME Balto. Md. 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funeral 1 and 2 ter death The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY b. COUNTY MARYLAND b. CITY OR/TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town papers. Page hin 72 hours a write RURAL and give negrest fown) .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d/STREET ADDRESS IS RESIDENCE ON A FARM? filled lulium NO [NAME OF pan ₹ × Middle 4. DATE Manth Year DECEASED OF DEATH (Type ar print) 6. COLOR OR BACE AGE (In/ IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS Doys Haurs in any WIDOWED DIVORCED and 10a, USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 0 or remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates af service ETTY CONAWAY crematian. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) þ Page 4 may be retained by the haspital or attending physician. DUE TO signed burial, Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause be detached far use as the State Dept. of Health priar ta this certificate has been 19. WAS AUTOPS: PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) Nat While 21. I certify that (I) (this haspital) attended the deceased fram mune 19 6(4hat (1) (we) las director, page 3 shauld shauld be filed with the saw the deceased alive an Jame (c), and that death accurred at a 15M, from causes and an the date stated above 22a. SIGNATURE 22ba DATE SIGNED MED. M.D. DIRECTOR PHYS. ADDRESS . 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) VR A15 (4) 20 M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence belore admission a. COUNTY Baltimore b. COUNTY Maryland # 2 4 MARYLAND Baltimore and deat b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) app. 17yrs. .5 Catonsville Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? 104 Osborne Avenue 104 Osborne Ave YES NO M papers. n 72 ho completely executed 3. NAME OF DON (Middle /V 4. DATE Month Year DECEASED OF (Type or print) DEATH 1966 carbon event, withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS 9. AGE (In years | IF UNDER 1 YEAR and last birthday) Months MALE APRIL 7,1901 WIDOWED certificate physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
Timekeeper Shertan Bel. Hotel any Penna. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 attending Peter Donovan and Sarah Durkin Q. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address or removal, (Yes, no, or unkown) | (If yes give wer or dates of service) 02-05-4030 Mrs Julia Donovan 104 Osborne Ave. no none permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH CORONARY OCCLUSION PART I. DEATH WAS CAUSED BY: 10 MIN IMMEDIATE CAUSE (a) been signed cremation, burial-transit DUE TO aftending Conditions, it any, which gava rise to immadiate cause DUE TO burial, (a), stating the underlying has cause last, the the hospital or this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION as 2 PERFORMED? for use prior NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the should be detached be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While ŏ Hour a.m. Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from Z-3 1958 to 6-11 1966 that (I) (ver) last saw the deceased alive on 6-10 19.66, and that death occurred at P.M., from the causes and on the date stated above. 22a. SIGNATURE DATE ATTENDING DIRECTOR death. Page 4 PHYS. PHYS. page with t 22c PHYSICIAN'S 22d. ADDRESS ector, p 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REMOVAL (Specify) る時間 Baltimore, Maryland Loudon Park Cemeteri 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 20M S-63

DEPARTMENT OF HEALTH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending possiblan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before

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1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before agh	nission)
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write RURAL and give nearest town)		(town)
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G. NAME OF HOSPITAL OR INSTITUTION (IT not in nospital, give street addre	ON A FA	
GREATER GALTIMORE MEDICAL CENTE	R 3/16 CLEARVIEW AVE. YES	NO 🗌
3. NAME OF First Middle DECEASED (Type or print) VIRGINIA	TREBING 4. DATE Month Day Year DF DEATH LIVE 2 19	66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 1 Y	24 HRS.
F WIDOWED OIVORCED	2-10-09 Jast Dirinday) Months Oays Hours	Min.
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	-13
Housewife Housewife	BALTIMORE MIT, COUNTRY?	
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
Tales Charl	Mary Unknown	
John Shoul 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1		
(Yes, no, or unkown) (If yes give war or dates of service)	17. INFDRMANT Address	
No None	Mr Elender Drebing 3116 Clearview Avenue	a 36
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BET	WEEN
PART I. DEATH WAS CAUSED BY:	a delingchation about 12	EATH
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20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY O	CCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	-
G OR CONTRIBUTING CAUSE OF DEATH C (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (St	tate)
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p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from.	3-15, 1966, to 6-2, 1966, that (1) (w	e) last
saw the deceased alive on 6-2 19 66, and	that death occurred at 32 M, from the causes and on the date stated	
22a. SICNATURE	22b. OATE SIGNED	
hereile a. Terres	M.D. PHYS. DIRECTOR PHYS. 6-2-66	
22c. PHYSICIAN'S	22d. ADORESS	
NAME (Type) Lucile A. Torres	GREATER BAITIMORE MEDICAL CE,	NEN
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET		
REMOVAL (Specify)		
Jurial 6-6-1966 Meadow Kid	ge Cemetery Baltimore, Co. Md.	•
24. FUNERAL DIRECTOR ADDRESS	(36) 25a. REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATURE	
Lassalmitunual Hon 7401Bolan	MUN 6 1966 ficiantes Judge	

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	FOR STATE	08025 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08012
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, i	or. P	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	art ion	CATONSVILLE - CATONSVILLE
	die de	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE
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>	State State	3. NAME OF DECEASED Prirst Middle Last 4. DATE Month Dey Year
-	the re	(Type or print) ROBERT NOSEPH DRECHSLER DEATH JUNE 12 1966
	13 t	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
70	and and	MALE WHITE WIDOWED DIVORCED OCT 12,1926 3 975. Months Days Hours Min.
4	with with	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
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4	PM3. PM3. P	13. PATHER'S NAME
	> 0 5	ROBERT NOSEPH DRECHSIER ALICE M GILL
it in	± ∞, ⊙ ⁺ ; .=	15. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no., or unknown) (Hyosgivewarordalesofservice) 7 1.2 29.3 20.3
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AMINES	writing the Chief M Page 3 sh	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slete)
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p.	certificate, rded to the ECTOR: Inated age	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion
, is	orwarded to DIRECTC	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
	forwarded to DIRECT	CHIEF MEDICAL EXAMINER
2	is d	ACTUAL SIGNATURE DATE SIGNED
	execute the ld be forward Its design or its design	EXAMINERS 10 HO N. SNYDER MD DEPUTY MEDICAL EXAMINER X
HIGAG	PEROIT Should be for Prince ality or its	NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 22b. DATE THEREOF R2c. NAME OF CHMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Ç		DEMOVAL (Specify) (0-15-61 Nous att. 411 Mart
	O. H.	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	VR A15ME 5M 1/63	Witz be tune of direction and UN 14 1966 peliantes Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Baltimore MARYI AND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Towson Baltimore 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph's Hospital 3128 Willoughby Road NO X YES etely certificate be executed within nog NAME OF Middle Last Year DECEASED Catherine E. Duerling 66 June (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED Months ! Days Hours January 7. Female White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND DF BUSINESS OR during most of working life, even if retired) | INDUSTRY 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? U.S.A. Baltimore. Md. at home 13. FATHER'S NAME home removal. 14. MOTHER'S MAIDEN NAME John H. Pfieffer Molly Wood 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 5 (Yes, no, or unkown) (If yes nive war or dates of service) PHYSICIAN: The law requires that the death cremation, Family records no none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN I-transit ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: the hospital or attending physician. Coronary artery disease: burial-tra burial, cr secondary to arteriosclerotic cardiovascular Cenditions, If any, which ox disease with congestive heart failure: peen gave rise to immediate the r DUE TO cause (a), stating the Diabetes mellitus underlying cause last. nas as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 3 YES 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) ached DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) WEDICAL 20f. (City or town) (State) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE DF INJURY (Home, farm, (County) Not While factory, street, office bidg., etc.) Hour a.m. at work at work June 18, 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from June 5. 19 66 to DIRECTOR: 1966, and that death occurred at 1035 M, from the causes and on the date stated above. saw the deceased alive on June 18. 22b. DATE SIGNED 22a_SIGNATURE page ATTENDING PHYS. STAFF PHYS. June 18, 1966 M.D. DIRECTOR ___ PHYSICIAN'S 22d. ADDRESS director, should be NAME (Type) St. Joseph's Hospital: Towson. Md. Fausto Aquino. Jr. 23b. DATE THEREDF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, (State) REMDVAL (Specify) 0 Parkwood Cem Buria 6/21/66 24. FUNERAL DIRECTOR 25b. HEGISTRAR'S SIGNATURE REGISTRAR C.F.EVANS & SON 8802 Harford rd 966 VR A15 (4) 20M 1/65

830811. Service of the Control of the Contro A Committee of the comm a library at the state of said and passenger The rengues of claim C.F. EARLY S. S.W. DEG. Harlord ro.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08027 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death completely filled in by the funeral nove carbon papers. Pages I and y event, within 72 haurs after deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore,
b. CITY OR TOWN (If autside carparate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) lowson 03 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Alleghenu Avenue ollege Manor Nussing Home YES NO THE 3. NAME OF Last 4. DATE Manth Day Year DECEASED (Type or print) DEATH Elizabeth Collings Dunning June IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED last birthdov) Months White remale WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Maryland chool leacher-Rex 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah A. Collings Henry the attending 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give war or dates of service Family Records INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4500 DUE TO signed Conditions, if ony, which gave rise to immediate cause (a). **DUE TO** stating the underlying couse the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate 5 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour a.m. While Nat While factory, street, affice bldg., etc.) ot wark ot work 11115,21 . 1966, that (I) (we) last 1954, to 21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased_olive on_ 1/11/5 21 1966, and that death occurred ap 225A M, from couses and an the date stated above 22a. SIGNATURE 22b DATE SIGNED! MED. DIRECTOR ATTENDING PHYS. PHYS. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Dr. Laurence C. Post NAME (Type) 6805 york Rd. . Ralto. 21212 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION. 23b. DATE THEREOF Prospect Hill Cemetery REMOVAL (Spesify) Maryland owson. Surial 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) Sons. Towson, Maryland DATE 20 M 1/66

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 98028 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest lown) Chase Maryland Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Earles Beach Road Earles Beach Road YES NO TO 3. NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) Ruth Marie Earle DEATH 1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours Min. F'emale White WIDOWED M 68 DIVORCED [1-17-1898 YES. 10c. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Salt Lake City U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Milton H. Pinkerton Grace Edna Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Miss Dorothy Monnier 1526 Cottage Lane #4 217-09-1/21 18. CAUSE OF DEATH [Enter only one cause per life for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO P 20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour Not while o. m. ot work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and find that Accident , Suicide . death resulted from: Natural causes Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 00 SIGNATUR ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 Ebenezer Cemetery Baltimore. 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

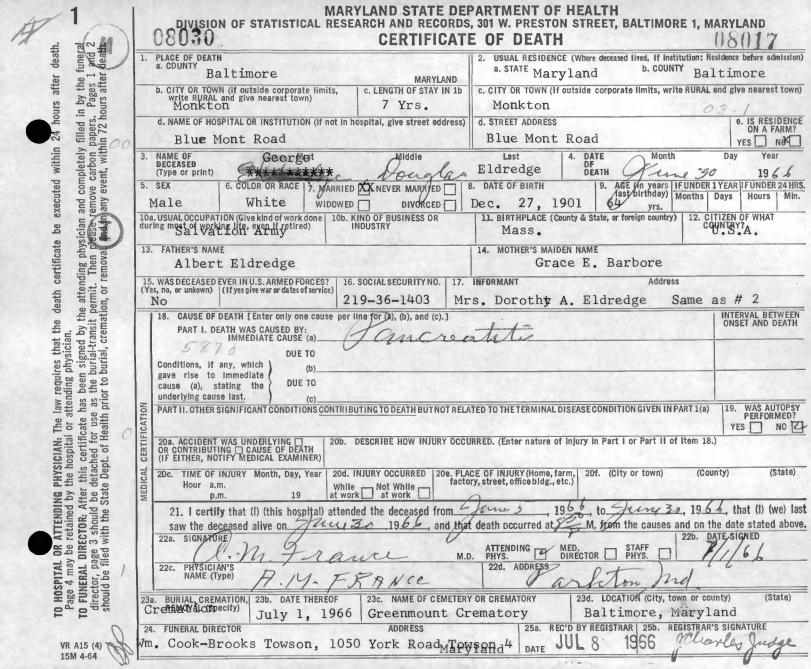
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MERCHANISM CONTRACTOR OF THE PROPERTY.

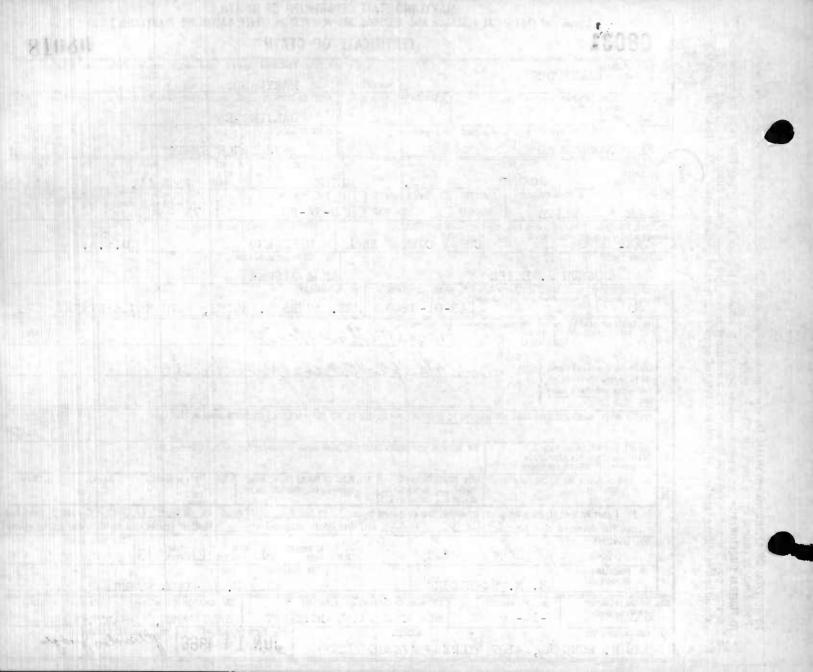
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Baltimore MARYI AND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Towson Towson 5 bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 216 Gateswood Road Gateswood Road YES NO 3 etely executed within pou 3. NAME DE First DATE Middle Last 4. Month Day Year DECEASED OF compli (Type or print) Nellie Edwards 6 1966 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH NEVER MARRIED AGE (In years LIF UNDER 1 YEAR \IF UNDER 24 HRS last birthday) Months Days Hours 9-9-1898 emale Whate WIDOWED [DIVORCED sician alease rand in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Housewife Wheeling Island W. Va. U.S.A. 百 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal transit permit. Then, cremation, or rem George Grev Emma Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) 216-36-5846 Mr Iva Edwards 216 Gateswood Road No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN burial-transit burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which been gave rise to immediate the DUE TO cause (a), stating the as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate YES NO T is certached for PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. While Not While ATTENDING at work at work the une 16, 1966, that (1) (we) last 21. I certify that (1) this hospital) attended the deceased from 19.5 Z. to_ DIRECTOR: age 3 should led with the 1966, and that death occurred at 11.30 fm, from the causes and on the date stated above. saw the deceased alive on. SIGNATURE DATE SIGNED 22b. page STAFF M.D. DIRECTOR PHYS. FUNERAL TO HOSPITAL PHYSICIAN'S ADDRESS 22C. 22d. TO FUNERAL director, p NAME (Type) (State) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) Druid Ridge Cemetery 6-20-1966 Burlal Baltimore Co 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR I VR A15 (4) 7401Bil

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y event, within 72 ho			INSTITUTION (If n	ot in hospitol, g	give stree	et address)		d. STREET ADDRESS				0.	IS RESIDENCE ON A FARM?
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I will all out on the country of the	3. NAME OF DECEASED (Type or pri	nt)	JOSEP	rst H		Middle J.	EI	Last INE	4. DAT OF OEA			Οογ	Year 186
	S. SEX MALE		OLOR OR RACE HITE	7. MARRIED WIDOWED	X N	OIVORCED		B. DATE OF BIRTH 8-24-90		9. AGE (In years last birthday) 75 yrs.	IF UNDER Manths	1 YEAR Days	Hours Min.
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1	13. FATHER'S N	AME						14. MOTHER'S MAIL	DEN NAME				
			H J. ELI					ANNA BISK	ER				
	1S. WAS DECEA (Yes, ng, or unk	SED EVER IN U	.S. ARMED FORCES? s give war or dates of	of service) 16.		ECURITY NO.		NFORMANT			ress		
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0	PART II. 0	THER SIGNIFIC	ANT CONDITIONS (ONTRIBUTING T	O OEATH	BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE	CONDITION G	IVEN IN PART 1(a)		19. V P YES	WAS AUTOPSY PERFORMED? S NO
	OR CONTRI		ERLYING USE OF DEATH (AL EXAMINER)	205. OE	SCRIBE H	OW INJURY OC	CURREO.	(Enter nature of injur	y in Part I ar	Part II of item 1B.)			
	20c. TIME	OF INJURY M our a.m. p.m.	Nonth, Day, Year	20d. IN While at wark		CURRED at While at work	20e. PLA	CE OF INJURY (Hame, ory, street, affice bldg.	farm, 20 etc.)	f. (City or town)	(Co	ounty)	(State)
40,00	21.	certify th	ot (I) (this has	pital) otten	ded the	deceased	fram	June	, 1963		11_, 19_	60, the	at (I) (we) lost
			sed olive an_	Joine !	4	1966,0	and tho	death occurred	at	_M, from couse			
1	22a. SIGN	210864	o Dist	here	per	/	M.(MED. OIRECTOR	STAFF PHYS.		DATE SIGNE	. /
/	22c. PHY	E (Type)	DR. M.	SCHRIE	EBER			22d. ADDRESS	19 W.	LOMBARD S	TREET		
	23a. BURIAL, CI	EMATION,	23b. DATE TH			NAME OF CEME				LOCATION (City or 1	own)	(County)	(State)
	BURYA		6-14-6	6	NEV		EDRAI	CEMETERY		LTIMORE,	MAR	YLANI)
0	24. FUNERAL		DADD /	07	7 17 17 17 17 17 17 17 17 17 17 17 17 17	ADORESS	010	2597	NECO BY REG	1966 25b	REGISTRAR'S	IGNATURE	dge.
N	HUWARD I	. HUB	BARD, 41	O/ WILK	ENS	AVENUE	212	229 DATE	11 4 4	1000		1	0



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	08032 CERTIFICATE OF DEATH (18019)
	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE MARYLAND A STATE MARYLAND D. COUNTY MARYLAND
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ı	Write RURAL and give nearest town) Baltimore Baltimore 30-4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC
7	St. Joseph's Hospital 3127 Woodring Avenue YES No X
	3. NAME DF First Middle Last 4. DATE Month Day Year
	(Type or print) Robert L ERVIN DEATH June 8-79 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HR last birthday) Months Days Hours Min
	Male white WIDOWED DIVORCED 9/6/85 80 yrs.
	1Da. USUAL OCCUPATION (Give kind of work done Industry) 10b. KIND OF BUSINESS OR INDUSTRY 11b. BIRTHPLACE (County & State, or foreign country) 12c. CITIZEN OF WHAT COUNTRY?
ŀ	Foreman Balto. Water Dept. South Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
١	A. Abner Ervin Mary E. ?
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ı	(Yes, no, or unkown) (If yes give war or dates of service) 215-48-7773 Mrs. Anita M. Ervin (Same)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Pneumonia left upper lobe.
	5 1 9 0 DUE TO
	Conditions, If any, which) on Pulmonary edema.
	gave rise to immediate cause (a), stating the DUE TO Chronic pleuritis with osseous metaplasia, right side.
1	underlying cause last.) (c) Strotte predicts with osseous metaptasta, right side.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	YES IN NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) C (IF EITHER, NOTIFY MEDICAL EXAMINER)
١	Hour a.m. While - Not While - factory, street, office bldg., etc.)
۱	
I	21. I certify that (I) (this hospital) attended the deceased from June 8, 19 66, to June 8, 19 66, that (I) (we) la saw the deceased alive on June 8, 1966, and that death occurred at 0.3 M ran the causes and on the date stated above
	22a. SIGNATURE 22b. DATE SIGNED
	M.D. ATTENDING MED. STAFF IN June 9, 1966
	22c. PHYSICIAN'S 22d. ADDRESS
	D.R. Govinda Rao, M.D. 7020 fork Rd., Dailtimore, Rd. 21204
3	Burial, cremation, 23b. Date thereof Removal (Specify) 6/13/66. Keysville Cemetery (State) Keysville, Md. (State)
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
I	Leonard J. Ruck Inc. Balto. Md. 21214 DAIE 13 1988 Charles Judge
1	JUN 13 1966 **********************************

CIM34 A STATE OF THE STA Yorkman Balto, Inter Fest, South Usson and Mary I. ? A. Allrer Ervin 215_ME_7273 | Med. Anita M. Fryin | (Sime) I all merce belong to be a light of the ligh Chronic Caractal with persons second with the brain The feet the falls are that 0.37 to 19 1.1 and attrived 1.1.1 Birial 6/19/66. Especial Comptons of the Comptons of the Compton o Leonard J. Ruck inc. Balto. M. 21214 AND THE RESERVE

To State of the last	Notice .				DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	MARYLAND
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1	deat	Pages 1 and 2 ours after death.	100	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: F a. COUNTY b. COUNTY b. COUNTY	esidence before admission)
A. C.	fter	the f ss 1	M	1	BAHIMORE MARYLAND	eci Le
	S	Page urs a	-	1-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	and give nearest town)
	hou	d in 2 ho		-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
	1 24	pape pape nin 7.	56	0	GREAKE BAITO MEDICAL CENTER Liberty Grove Md.	ON A FARM?
	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.	· this certificate has been signed by the attending physician and completely filled in by detached for use as the burial-transit permit. Then plage remove carbon papers. Page Dept. of Health prior to burial, cremation, or removal, and arrany event, within 72 hours.		3.	NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) JAMES COWDEN EShRAN DEATH	Day Year 1966
	ted	re ca			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
	xecu	and		1	MALE white widowed Divorced 9-22-1900 65 yrs.	Days Hours Min.
	pe e	ician ase r		10a dur		OUNTRY? WAS: A.
	cate	phys ral,		13,	EATHER'S NAME 14. MOTHER'S MAIDEN NAME	FIFTIC BELLIA
	artif	Ther		C	ames to Esheman Ida Webb	
	-E	tend nit.			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown) (If yes give war or dates of service)	Liberty
	deal	pern pern tion,		-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	INTERVAL BETWEEN
	the .	by the maje			18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREVIOUS A	ONSET AND DEATH
	The law requires that or attending physician	gned al-tra ial, cı	-		3.5 7 X DUE TO	
	uires phy	bur bur			Conditions, If any, which gave rise to immediate (b) DEGENERATIVE MYELOGATHY	13 MOS.
	requ	bee the			cause (a), stating the DUE TO	
	law atter	has e as h pri		NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	The	icate or us	2	FICAT		YES NO
	PHYSICIAN: the hospital	certif hed for		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	.)
	HYSI he h	this etacl Dep			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	unty) (State)
	NG P	ter tate		MEDICAL	Hour a.m. p.m. While at work factory, street, office bldg., etc.)	
	ATTENDII retained	RECTOR: After the 3 should be de with the State I			21. I certify that (I) (this hospital) attended the deceased from 6 8 66, 19 to 6 4 66, 19	that (I) (we) last
	ATTE	sho yith			saw the deceased alive on 6/9/66 19 , and that death occurred at 520M, from the causes and on the causes and on the causes and on the causes are caused alive on 6/9/66 19 , and that death occurred at 520M, from the causes and on the causes are caused alive on 6/9/66 19	the date stated above. DATE SIGNED
	OR pe	page 3			M.D. ATTENDING MEO. STAFF DIRECTOR PHYS.	
	O HOSPITAL Page 4 may	director, page 3 should should be filed with the	1		22c. HYSICIAN'S POUL T F-100M 22d. ADDRESS	
	Page Page	director, p		23a	REMOVAL (Specify)	unty) (State)
	=	= "		24	della sontification le la contraction de la cont	'S SIGNATURE
	VR A	A15 (4)	(42	brank M-M. BisiNg SUMMININ 13 1966 Charles	o Judge
	20M	1/65		=	J JIII	-

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MARYLAND STATE DEPARTMENT OF HEALTH

08034		ND RECORDS — BALTIMORE 1, /	MARYLAND	0802
PLACE OF DEATH o. COUNTY BALTO.	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	d lived. If institution: 6 b. COUNTY	Residence before admission) BALTO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpo		L and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION WINDSOR M.	oddress) FLL RD.	d. STREET ADDRESS 6745 WINDS	0.4	RD. e. IS RESIDENC ON A FARM YES □ NO
NAME OF First DECEASED (Type or print) ALVIN	Middle Middle	EULER 4. DATE OF DEATH	SUNE Month	Day Yeor 196
SEX MALE 6. COLOR OR RACE 7. MARK WHITE WIDOW		8. DATE OF BIRTH CCT. 21. 1893	4 . 1 . 1 . 1	UNDER 1 YEAR IF UNDER 24 Honths Doys Hours Min
o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GNOCERYSTORE	CWNER	BALTO. CO.	MD.	12. CITIZEN OF WHAT COUNT
WILLIAM C. EULE	R	14. MOTHER'S MAIDEN NAME ELEZABETH	YOUNG	ER

WAS DECEASED EVER IN U. S. A	Address of doles of service) 218 32-1512 Mrs ANNAH, EULER SAME	ASZd
	unly one couse per line for (a), (b), and (c).] USED BY: Coronary Occluses on	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO (b) Arteriosclerotic cardiovascular disease DUE TO (c)	10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES NO F secondary hypochromic anemia

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)

MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. Not while While

of work of work p. m. 21. I certify that (I) passboxpitals attended the deceased fram.

(Stote)

saw the deceased alive an June 8] and that death accurred a Q_A_M, fram the causes and an the date stated above. 226. SIGNATURE 22b, DATE SIGNED

M.D. PHYS. MED. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS 5101 Gwynn Oak Ave.

Traband, Jr. Baltimore. Md. 21207

23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 25o. REC'D BY REGISTRAR

VR A15 (4) 15M 9/59

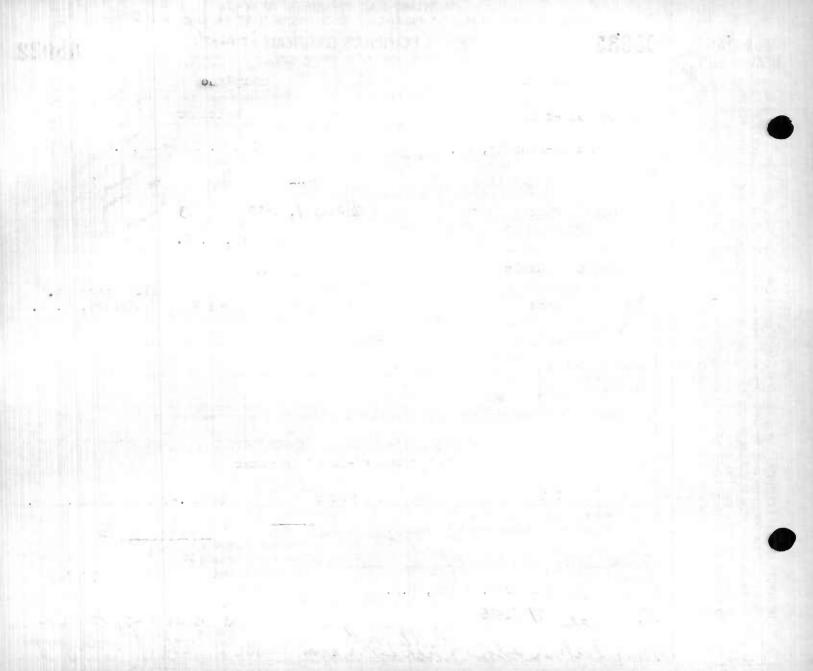
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08035 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 2, and 3 to PM3. Page o. STATE b. COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Department c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) after Baltimore Baltimore-rural d. NAME OF HOSPITAL DR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? hours Office alang with farm 208 W. Preston St. Item 18. Give Pages Scene-Daniels, Md. YES T NO T haurs after death. 3. NAME OF First Lost 4. DATE Month Dov Year within 72 DECEASED Madeline 28 (Type or print) Evans DEATH 6 19 66 S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH NEVER MARRIED lost birthdov) Months Doys Haurs DIVORCED X White WIDOWED July 7, 1922 event Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY CDUNTRY? Salisbury, N. C. .⊑ pencil Examiner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Robert Ennis Grace 1945 Innes St. = 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na or unknown) (If yes give wor or dotes of service) pending removal Summersett Funeral Home Salisbury, N. C. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Drowning ar IMMEDIATE CAUSE (o) This certificate should e, writing the ward farwarded to the Ch crematian, DUE TD Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse SD burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certificate. YES & NO 10 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) agent, priar PRIMARY XX or CONTRIBUTING shauld undetermined-found in water CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) 2 Hour o.m. foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page 1966 water Balto, -rural ot work ot wark Balto, Md. 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry , for Inspection . and in my opinion the funeral directar. Undetermined manner deoth resulted from: Notural causes Accident Suicide T. Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 10 DEPUTY MEDICAL EXAMINER 7/5/66 **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) Werner U. Spitz, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION (County) (State) 0 7/5/1966 when I some north i Pa. gives 2So. REC'D BY REGISTRAR Charley 1966 VR A15ME (5) DATE JUL 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



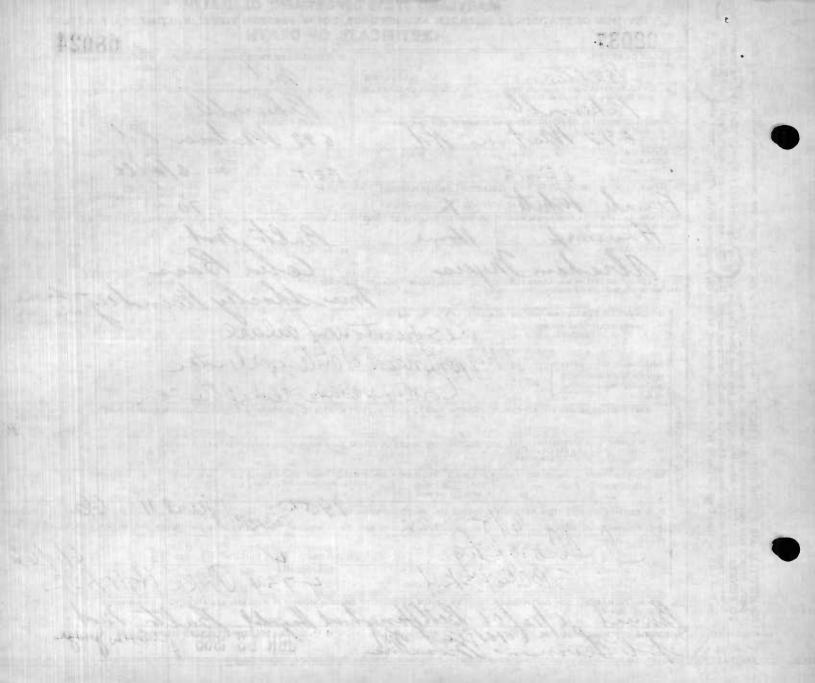
PRESTON STREET, BALTIMORE 1, MARYLAND Items PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Reside e. COUNTY b. COUNTY 90 MARYLAND b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 0 Rolandvue Rd. YES NO X 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 1966 5. SEX AGE In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED last birthdey) Months WIDOWED 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Jerm 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) 1103 no 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO DO 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) NAL White saw the deceased alive on. 1966, and that death occurred at 1966, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D. 22d, ADDRESS 22c. PHYSICIAN'S 23e, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CHMETRY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) School of Medicine Hopkins Baltimore, Md. 21218 Remova 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7-62

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH at a 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNTY b. COUNTY e. STATE 古る MARYLAND deg b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give neerest town) 24 write RURAL end give neerest town) = within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) hours d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely papers. NOV YES 72 NAME OF Middle Last DATE Month Dey Yeer 4. DECEASED OF within #(Typa or print) DEATH 19 carbon 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. pue 7. MARRIED NEVER MARRIED last birthdey) Months Devs Min. event, Hours certificate WIDOWED DIVORCED physician гетоме USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even il retired) The law requires that the death 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME gu oval. 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. atte 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordetes of service) signed by the permit. attending physician. 18. CAUSE OF DEATH [Enter only one cause per line 10] (e), (b), end (c). INTERVAL BETWEEN ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit **DUE TO** has been Conditions, if eny, which geva rise to immediate ceuse burial, DUE TO (a), steting the underlying the ceuse lest. PHYSICIAN: the hospital or certificate RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 95 0 CERTIFICATION PERFORMED? use prior NO for 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of item 18.) After this Health OR CONTRIBUTING TI CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) 201. (City or town) (County) (State) ō Not While factory, street, office bldg., etc. While Hour a.m. DIRECTOR: Dept. et work et work 19 p.m pe 21. I certify that (I) (this hospital) attended the deceased from. What (I) (we) last should State from the causes and on the date stated above saw the deceased alive may 220 SIGNATOR DATE ATTENDING MED STAFF HOSPITAL FUNERAL page with th PHYS. DIRECTOR PHYS. M.D. Page 22c. PHYSICIAN'S 22d. ADDRESS ector, NAME (Type) filed death. NAME OF GEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREON 23d. LOCATION (City, lown or county) (Stete) OFB MOVAL (Specify) REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE 25 F LEGISTE VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY 2, and 3 ta PM3. Page a. STATE b. COUNTY death Baltimore MARYLAND Maryland Baltimore Department b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) after Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office alang with farm Give Pages Wilkins Police Station NO X 603 Academy Road after death. Lost 4. DATE First Year DECEASED (Type or print) Ellsworth John Fendlay. DEATH June e 20 IF UNDER 1 YEAR 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months in Item 18. Days Hours Nov. 3, 1946 haurs Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 24 pages I Examiner's Clerk Bakery Baltimore, Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil be executed within pup John E. Fendlay Mildred G. Maher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. remaval, (Yes, no, ar unknown) (If yes give wor or dates of service) 214-46-9199 John E. Fendlay - 603 Academy Rd. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
 PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH burial, crematian, ar Asphyxia due to hanging IMMEDIATE CAUSE (a) ward certificate shauld DUE TO Canditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? please execute the certificate, YES T NO designated agent, priar to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH Hanged self in Police Station cell 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) While of work Not While at work Police Station Hour o.m. may be retained far yaur FUNERAL DIRECTOR: Page 1966 Wilkins Station Baltimore Co 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection , Inquiry | and in my apinian Suicide X . death resulted fram: Natural causes Accident . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER O DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE June 20, 1966 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Russell S. Fisher, M.D. 5 may 10 FUNE NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Glen Haven Memorial Pk. Ritchie Hgwy., A.A.Co.,

ADDRESS | 250. RECD BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE June 23,1966

Gonce - LOOI Ritchie Hgwy., Baltimore

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore b. COUNTY Baltimore **MARYLAND** b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Baltimore ers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8334 Dalesford Road pad in St. Joseph's Hospital NO PC rbon Year 66 3. NAME OF Middle Last DATE Month Day DECEASED June FISHER Jeanne (Type or print) DEATH 19 eve 6. COLOR OR RACE B. DATE OF BIRTH emove AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED white Female WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CODNTRY? during most of working life even if retired) INDUSTRY Mt. Pleasant Lowa death certificate 13. PROPER GLADINE 14. MOTHER'S MAIDEN NAME Charles H. Danielson Minnie Weaver 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no er unkown) (If yes give war or dates of service) WIlliam Fisher, 8834 Dalesford Rd. Balt. Md 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1
PART I. DEATH WAS CAUSED BY: Far advanced undifferentiated ca of lung INTERVAL BETWEEN gned by ial-transil ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO with metastases Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the has be as th prior underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO PC YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. DIRECTOR: Af age 3 should | iled with the S 0-1-21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 7:20% from the causes and on the date stated above. saw the deceased alive on 66 22a. SIGNATURE 22b. DATE SIGNED Page 4 may be r PHYS. X June 1.1966 PHYS. DIRECTOR director, pa PHYSICIAN'S 22d. ADDRESS NAME (Type) 7620 York Road Baltimore21212.Md BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Peach Bottom Lanco (o Pleasant Grove (em FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08040 requires that the death certificate be executed within 24 haurs after death. death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYTAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) FORT HOWARD 2 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 1222 NORTH STRICKER STREET YES NO 3. NAME OF First Middle 4 DATE Month Doy Year DECEASED DEATH (Type or print) HORACE PLETCHER JUNE 9. AGE (In years IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 7. MARRIED lost birthdoy) Months Doys Hours VOVEMBER 8, WIDOWED DIVORCED MATE NEGRO 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** INDUSTRY CHAUFFFUR

13. FATHER'S NAME HUNTSVILLE COUNTY ALABAMA 14. MOTHER'S MAIDEN NAME RODNEY MISSOURI WILLIAMS Fletcher VA HOSPETAL WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no or unknown) (If yes give war or dotes of service) FORT HOWARD, MARYLAND 213 05 45 CLINICAL RECORDS INTERVAL BETWEEN ONSET AND DEATH UNKNOWN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA IMMEDIATE CAUSE (o). signed by DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ARTERIOSCIEROTIC HEART DISEASE NO X YES 🗔 the hospital ar for 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While ot work 21. I certify that (4) (this haspital) attended the deceased fram 6/23 . 19 66, ta 6/25 , 19 66 that (1x (we) last saw the deceased alive an 6/25/66 19____, and that death occurred at 7:15%, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** 6/26/66 DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S director, pa shauld be f NAME (Type) JORGE A. FABARA, M.D. VA Hospital. Fort Howard, Md. 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Baltimore National Baltimore Maryland 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Kelson Funeral Home VR A15 (4) 20 M 1/66 1348 N. Calhoun St. Ballimore.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08041 FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b COUNTY delay is ond 3 to Page Baltimore Baltimore MARYLAND Maryland Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, c. PM3. write RURAL and give nearest town) after Baltimore Towson e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS along with form within 72 hours ST. JOSEPH HOSPITAL Roland View Towers in Item 18. Give Poges YES NO TO ote 24 hours after death. NAME OF First 4. OATE Lost Month Doy Year OECEASEO CARROLL 19 66 CHARLES FOWLER June 4 (Type or print) OEATH DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Hours Davs WIDOWED DIVORCED Male White Office 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? & Seldon Baltimore Co.. Printer Young II.S Examiner's du poges in an 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil be executed within Alexander F. Fowler Fannie Stewart pup IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT rd "pending" in Chief Medical E permit. (Yes, no, or unknown) (If yes give wor or dotes of service) removal. Yes 214-16-5111 F. Addison Fowler. 304 Woodbourne Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY ONSET AND OFATH IMMEDIATE CAUSE (a) Blunt injuries of right chest and kidney 10 This certificate should e, writing the ward forworded to the Ch cremotion, DUF TO Conditions, if ony, which gove rise to immediate couse (a). OUF TO stoting the underlying couse 0 00 burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION Cirrhosis of liver; Arteriosclerotic and hypertensive heart disease YES X NO please execute the certificate, 0 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) agent, prior should CAUSE OF DEATH. Driver in auto accident 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED / 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) 2:36 Heyr o.m. While Not While FUNERAL DIRECTOR: Poge Baltimore Md. 6-3-19 66 ot work ot work designoted 21. I certify that I taak charge of the remains described above, held an Autapsy [X] Inspection | Inquiry and in my opinion Accident X the funerol director. death resulted from: Natural causes Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 6/5/66 **OEPUTY MEDICAL EXAMINER** 0 EXAMINER'S Rudiger Breitenecker, M.D. 5 moy FO FUNE Heolth Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) Burial (Specify) 6/8/1966 Baltimore National Baltimore. Maryland 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** Co Charles .W.Jenkins 80 Sons VR A15ME (5) 1966 Rd.

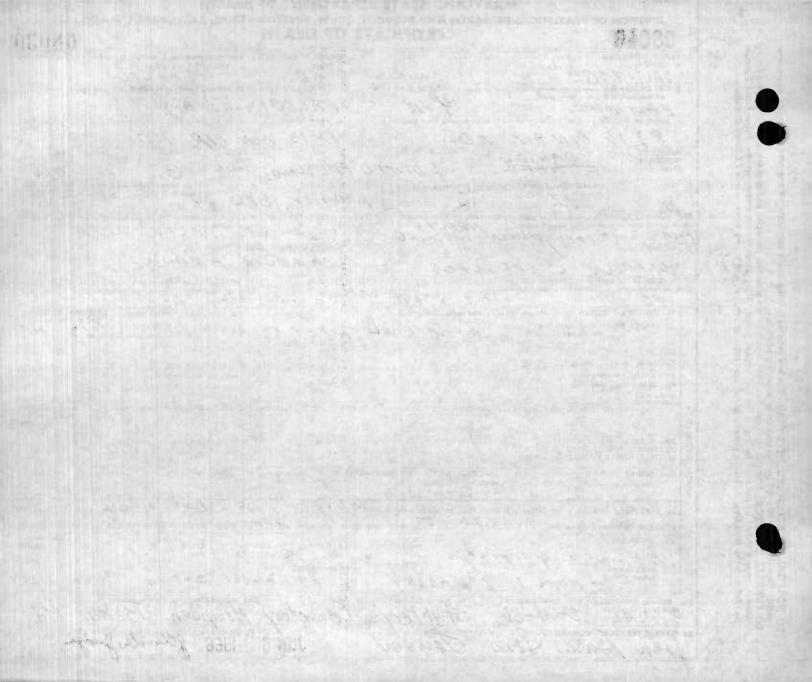
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funerai and 2 death death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Page write RURAL and give nearest town) hours .= Baltimore filled i d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) S RESIDENCE d. STREET ADDRESS Park Heights papers in 72 completely by carbon p within event with 3. NAME OF DECEASED Middle Month Day Last (Type or print) DEATH 19 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last b and any) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED any ev WIDOWED DIVORCED 81 yrs. ittending physician ar mit. Then please re , or removal, and In a 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be INDUSTRY COUNTRY? Proprietor USA Russia 13. FATHER'S NAME MOTHER'S MAIDEN NAME HINDA Michael FOX Minnie Fox Address SAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: The law requires that the or attending physician. 2 days IMMEDIATE CAUSE (a) DUE TO CA-1 Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate h detached for use ite Dept, of Health PERFORMED? NO [YES ! PHYSICIAN: T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) After Id be d Hour a.m. While Not While OR ATTENDING P 19 at work at work director, page 3 should labouid be filed with the S 1946 to 6/28 19 66. that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 7.24 M. from the causes and on the date stated above. saw the deceased alive pn. 22b. DATE SIGNED 22a. SIGNATURE MED. STAFF PHYS. ATTENDING PHYS. M.D. DIRECTOR Page 4 may PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) I scall Linberg 4000 northern (State) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL (Specify) Beth Thiloh Cong. Baltimore Maruland ADDRESS FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. & BROS INC. 6010 Roist Rd. VR A15 (4) 15M 4-64

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. COUNTY b. COUNTY BALTIMO MARYLAND BALTO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL end give neerest town) BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DECEASED (Type or print) DEATH 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED TO DIVORCED T 104. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) FORESTRY FLORIST, LUMGERMAN, TRUCKER 13. FATHER'S NAME AMELIA AMBROSE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror dates of service) PG 03 OALEIGH RD ETHEL 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFAR CTION IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enler neture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Dev. Year 20f. (City or town) (County) (Stete) While Not While fectory, street, office bldg., etc.) et work et work 1965 10 JUNE 1 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from JUNE saw the deceased alive on. MAY 20 1965, and that death occurred at AM, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING SIGNED X PHYS. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 523 LOCH RAVEN BLUD, 2120 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY (Stete) 0 5 2 VR A15 (4

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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M.D. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS

Jarrett 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

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23d. LOCATION (City, tawn, ar caunty)

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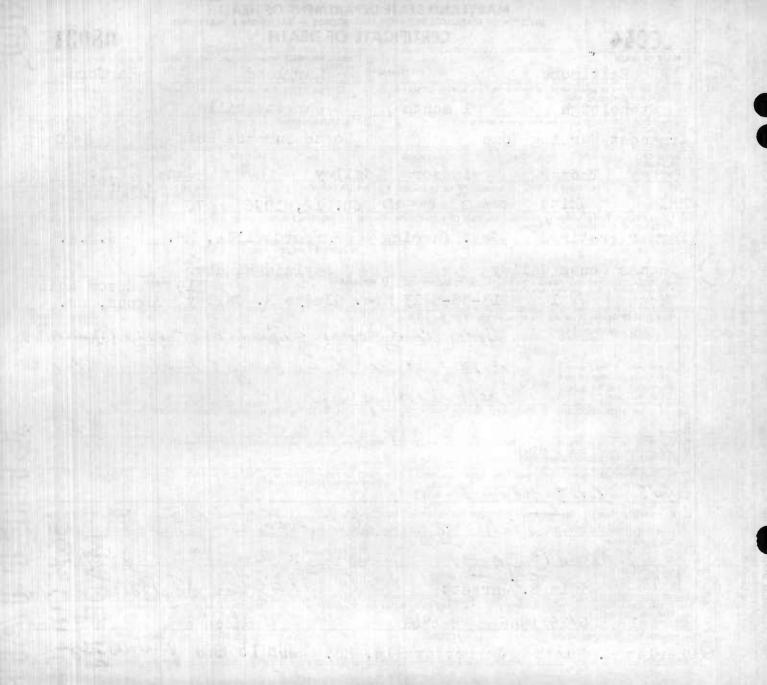
25a. REC'D BY REGISTRAR 1966

256. REGISTRAR'S SIGNATURE

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E. Kurtz arles

Jarrettsville, Md.



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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAN STATE OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08043 FOR STATE PLACE OF DEATH ST/./ JOSEPHI'S 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE 2, and 3 ta PM3. Page b COUNTY death. 10 MARYLAND MARYLAND delay i b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 18. Give Pages 1, 2 alang with farm hours 528 WALKER AVENUE St. Joseph's YES NO 3. NAME OF First Middle DATE Month Doy Year 72 DECEASED June 25 19 66 within Bennett (Type or print) DEATH Garland. S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS 63 vrs. Months Days Hours WIDOWFD DIVORCED Office o event male white 10-15-02 Item 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired)
SALESMAN GENERAL COUNTRY? NEW YORK CITY 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within pencil ISAAC GARLAND MAMIE ⊆ WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor or dates of service) remaval YES MRS. ESTHER L. GARLAND. 528 WALKER AVENUE w.w. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 00 Occlusion IMMEDIATE CAUSE (o) Coronary ward certificate should crematian, 4201 DUE TO Conditions, if ony, which gove Arteriosclerotic Heart Disease rise to immediate couse (a). DUE TO stoting the underlying couse 0.5 burial, nsed 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? the certificate, NO 10 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) agent, priar PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While may be retained for yaur FUNERAL DIRECTOR: Page ot work ot work designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection [Inquiry and in my apinian the funeral director. death resulted fram: Natural causes Accident Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 50 REMOVAL (Specify) BURTAI 6127166 BALTIMORE 24. FUNERAL DIRECTOR Melanles VR ATSME (5 1966 SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN 6M 1/66

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24 ho	papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 8503 Harford Road on A FARM? YES \sum No \sum NO \sum
within	the attending physician and completely filled in by the ft permit. Then please remove carbon papers. Pages 1 ation, or removal, and in any event, within 72 hours after	3. NAME OF DECEASED (Type or print) Glencora L. Geyer (Sheats) Last 4. OATE Month Oay Year OF DEATH June 15, 1966.
ecuted	any eve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Female White WIOOWED OIVORCED Mar. 3, 1898 68 yrs. Wonths Days Hours Min.
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sath ce	attendi ermit. n, or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ng. or unkown) (If yes give war or dates of service) 214-36-8439 Mr. John W. Geyer, 37 Lombardy Drive
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	this certificate has been signed by this certificate has been signed by letached for use as the burial transit bept. of Health prior to burial, crem	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSEO BY: WONSET AND OEATH PART I. DEATH WAS CAUSEO BY: DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMEO? YES NO 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. While at work At
O HOSPITAL OR ATTENDII	or FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	22a. SIGNATURE 22b. OATE SIGNED M.D. ATTENOING MEO. DIRECTOR PHYS. 22b. OATE SIGNED 22c. PHYSICIAN'S NAME (Type) L. C. D6 b i h d l. M.D. 22d. AOORESS 47 U. Kunned are 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
₽ VR	A15 (4) A 1/65	Burial 6/20/66 Parkwood Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 OAT UN 17 1966 Parkwood Leonard J. Ruck Inc. Balto. Md. 21214

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CfTY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore rural rural Baltimore 4 weeks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Chapel Hill Nursing Home 3610 Rockdale Terrace YES NO K 3. NAME OF Clinton 4. DATE 72 Middle Month DECEASED 20 (Type or print) DEATH - 19 66 7-1E (5-A 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR 88 birthday) Months Feb. 20, 1880 Mala WIDOWED DO DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Shepherdstown, W. Va. U.S.A. Construction Contractor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amanda Lickleter Charles Giegas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service Mrs. Edna L. McFarland 3610 Rockdale Terrace Balto Interval Between 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH ARREST - COMPLETE A-V BLOCK PART f. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO HEART FAILURE Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underfying WAS AUTOPSY CERTIFICATION PERFORMED? NO 1000 140 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete) Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. at work et work 21. I certify that (!) (this hospital) attended the deceased from 5-25-, 1966, to 6-20-, 1966 that (!) (we) last 20 - 19 CC, and that death occurred at 45 M, from the causes and on the date stated above. saw the deceased alive on...... 22e. SIGNATURE ATTENDING 6-20-66 death. Page 4 IO FUNERAL director, page be filed with the DIRECTOR M D PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 362 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY TION (City, town or county) (State) EMOVAL (Specify VR A15 (4) 15M 7/61 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RALTIMORE 1 MA	ΔΡΥΙ ΔΝΩ
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ARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08052 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corparate limits. c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RORAL and give negrept town mere 2 papers. (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled NO YES NAME OF × Middle 4. DATE remave carban Month Dov Year DECEASED OF DEATH n any event. (Type or print) 6. COLOR OR RACE 9. AGE (In/years last birthday) IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED Manths WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT USAUNTRY? during most of working life, even if retired) B & O RR Leonia, N. J. Clerk & typist 14 MOTHER'S MAIDEN NAME Martha Moore Charles Packman 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) ((If yes give war or dates af service) Address Woodlawn, Md. 16. SOCIAL SECURITY NO 17. INFORMANT Mr. Russel Goode, 205 Summit Ave., 21207 burial, crematian, ar INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) use Stote Dept. of Health NO T this certificate Б 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Not While factory, street, office bldg., etc.) at wark **DIRECTOR:** After pe 21. I certify that (I) (this haspital) attended the deceased fram_saw the deceased alive an 29 19 66, and the e deceased fram 29, 19 65 to 2919 65 that (1) (we) las 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. rono M.D. PHYS. 220 ADDRESS 22c. PHYSICIAN'S O FUNERAL pe NAME (Type) directar, should b 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) July 2, 1966 Woodlawn Balte Balte 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Loring Byers-8728 Liberty Rd. Randallstewn Marley 1966 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08056 CERTIFICATE OF DEATH executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY h COUNTY MARYLAND Baltimore Baltimore b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) Rural - Baltimore 7

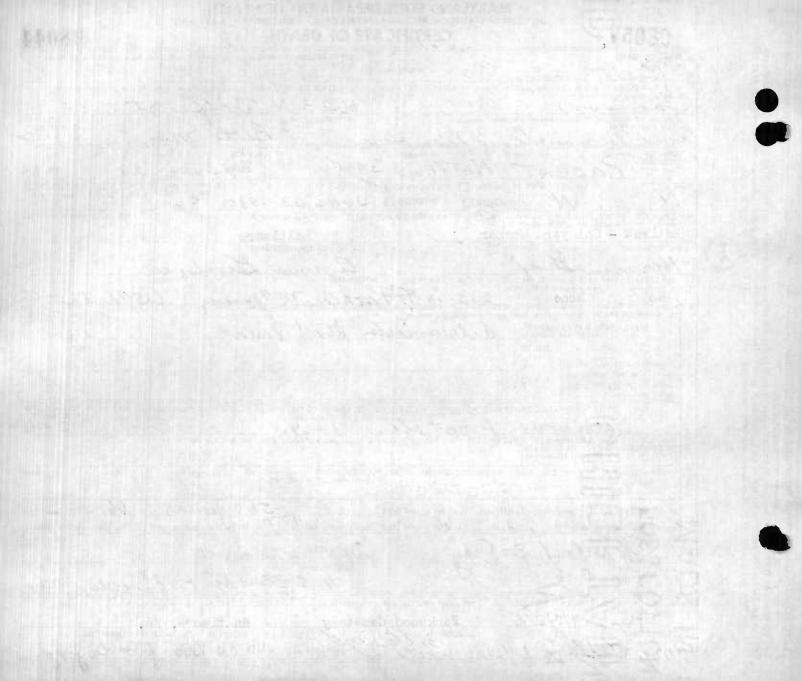
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rural- Baltimore 7 2. d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO. 8343 Merryview Drive 8343 Merryview Drive Middle 3. NAME OF 4. DATE Day Year DECEASED (Type or print) 1966 Clarence R. Gosnell 28 DEATH June S SEX TEUNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthday) Months Days White Han. 6, 1897 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT certificote be during most of working life, even if retired) INDUSTRY COUNTRY? Granite. Md. 13. FATHER'S NAME Balt. Co. 14. MOTHER'S MAIDEN NAME Clarence W. Gosnell Ida E. Platt 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death (Yes, na, or unknawn) (If yes give war ar dates af service) 0 212-40-6210A Mrs. Helen J. Gosnell-8343 Merryview Drive 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH . IMMEDIATE CAUSE (o) DUF TO buriol Canditians, if ony, which gave (b) rise to immediate cause (o), DUF TO stating the underlying couse hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES T NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeor Haur a.m. 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg., etc.) Nat While 19 65 to 21. I certify that (1) this hospital) oftended the deceased from___ 1)20. , 1966, that (1) (we) las be retained e 27 1966, and that death occurred at 10/4 M, fram causes and on the date stated obove sow the deceosed alive on 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) Morton Ellin 8629 Liberty Rd. Randallstown 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (State) REMOVAL (Specify) Burial Mt. Olive Cemetery Raltimore 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR VR A15 (4) Loring Byers-8728 Liberty Rd. Randallstown

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1/2CA	21. I certify that (I) (this haspital) attended the deceased fram. 1956, to June 8 , 1966, that (I) (we) last							
220. SIGNATURE Mewland E. Day M.D. PHYS. DIRECTOR STAFF	22b. DATE							
22c. PHYSICIÁN'S NAME (Type) 22d. ADDRESS 4-E-3321St	Bultinro 18, mel.							
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Cir. REMOVAL (Specify) Burial 7/2/1966 Parkwood Cemetery Baltimo:								
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 12 250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE							



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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital ar attending physician. NRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e. 3 shauld be detached for use as the burial-transit permit. Then please remoye carbon papers. Pages 1 and ised with the State Dept. af Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death	(Ye	es no or unknown) (If we give war or dates of service)	IN.RECORDS, VA HOSPITAL, FT HOWARD, MD.
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A ATENDING PHYSICIAN: The retained by the hospital ar at ECTOR: After this certificate had should be detached for use with the State Dept. af Health	MEDICAL		ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.) 20f. (City or town) (Caunty) (State)
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R ATTEND retained RECTOR: A 3 shauld with the	115	sow the deceased olive on 6/8/66 19 , and the	at death accurred at 2:35M, from couses ond an the date stoted above.
OR A be ret black of the black		all l'albert	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 6/8/66
PITAL OR may be RAL DIRI		22c. PHYSICIAN'S NAME (Type) JOHN D. TALBERT, M. D.	VAH FORT HOWARD, MARYIAND
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health prior ta burial, cre	230	BURIAL (REMATION, REMOVAL (Registry) 6/10/66 BELATE MEMOR)	CAL GARDENS ABERDEEN MARYLAND
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08059 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE h COLINTY spartment of after death. 0 2 Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside carparate limits, write RURAL and give nearest town) pup write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours 8. Give Pages 625 W. Seminary Ave. 3. NAME OF Edmond Edgar 4 DATE GREEN Year within 72 DECEASED OF (Type or print) 19 DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. birthdoy) Months Hours DIVORCED I WIDOWED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **NDUSTRY** COUNTRY? 24 Va. 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME = File puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT permit. removol, 20-30-7290 deres Suramero-545W. 126 It St. M.C. N 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c) PART I DEATH WAS CAUSED BY: Hypertensive and arteriosclerotic cardiovascular buriol-tronsit ONSET AND DEATH 0 IMMEDIATE CAUSE (o) disease This certificate should writing the ward cremotion, DUE TO Conditions, if ony, which gove forwarded to rise to immediate couse (a). DUF TO stoling the underlying couse 0 buriol, o last. used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES X NO 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) ogent, prior 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge ot work ot work 21. I certify that I took charge of the remains described above, held an Autapsy [x], Inspection Inquiry and in my opinion the funeral director. Suicide | death resulted from: Matural causes K . Accident . . . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 6/26/66 DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Heolth NAME (Type) Rudiger Breitenecker Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION (County) (Stote) 0 REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15ME (5) Marley 6M 1/66

Black)

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased livad, If institution; Residence before edmission) a. COUNTY b. COUNTY by the and 2 death. Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporata fimits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Owings Mills Baltimore yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) hours d. STREET ADDRESS Rosewood State Hospital 4417 Ivanhoe 3. NAME OF Middle Last 4. DATE Month DECEASED OF (Type or print) Mildred Romans GREEN DEATH 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I IF UNDER I YEAR) last birthday) Months Female Negro WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired none none 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maryland Green Georgia Brown loval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or dates of service Rosewood records, Owings Mills, Md. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: cranial preddure-erag reddive cremation, IMMEDIATE CAUSE (a) DUE TO (b) Hydro ceo halus Conditions, if any, which gave rise to immediate cause DUF TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION prior tio-amo, of age 2Da. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) of Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work al work p.m. 6-24 (we) last 21. I certify that Ot (this hospital) attended the deceased from 7-20-6.2 24 19.66, and that death occurred a 7.37 M, from the causes and on the date stated above. saw the deceased alive on...... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Barbara W. Hudson, M.D.

23a. BURIAL, CREMATION, 23b. DATE THEREOF

REMOVAL (Specify)

e. IS RESIDENCE ON A FARM?

YES NO F

19 66

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

22b. DATE

Rosewood State Hosp., Owings Mills, Md.

25a. REC'D BY REGISTRAR

23d. LOCATION (City, town or county)

25b. REGISTRAR'S SIGNATURE

SIGNED

JINOP

Year

24

USA

withir, 24 filled completely papers. and co certificate be physician remove please attending Then burial-transit hospital or attending certificate detached for use as After this be retained by DIRECTOR: State Dept. 4 should may page 3 s HOSPITAL FUNERAL director, l death. VR A15 (4): 20M S-63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08063 requires that the death certificate be executed within 24 haurs after death death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) completely filled in by the funeral lave carbon papers. Pages 1 and PLACE OF DEATH a. COUNTY o. STATE b COUNTY Baltimore Maryland MARYLANO c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 b. CITY DR TDWN (If autside carparate limits, papers. Pag thin 72 haurs a write RURAL and give nearest town)
Catonsville 35yr9mth17dys Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? GRO VE STATE HOSPITAL 4341 Park Heights Avenue SPRING YES NO X 3. NAME OF Middle 4. DATE First Last Manth Year DECEASED Nell Greenstein 19 66 21 June (Type or print) DEATH IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIEO Manths birthday) Days Haurs April 4, 1888. diny female white X WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Poland Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Scrinsky Belle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Records: SPRING GROVE unknown STATE HOSPITAL no 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Heart failure IMMEDIATE CAUSE (a) DUE TO signed t Canditions, if any, which gave Arteriosclerosis rise to immediate cause (a), OUF TD stating the underlying cause as the TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMEO? NO PK far 20b, OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Haur o.m Not While factory, street, affice bldg., etc.) at work at work 21. I certify that (* (this haspital) attended the deceased fram____ Sept. 4, 1230 ta June 21 1966, that (1) (we) last saw the deceased alive an June 27 19 66, and that death accurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE 6-28-66 X M.D. director, page 3 shauld be filed v DIRECTOR PHYS. 22d. AOORESS SPRING GROVE STATE HOSPITAL 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Baltimore, Maryland 21228 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION, (State) REMOVAL (Specify) Oheb Shalom 6130 O'Donnell Street Baltimore, Maryland 6/29/66 ADDRESS & 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24_FUNERAL DIRECTOR 1966

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X	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	/ARYLAND
	th.	CERTIFICATE OF DEATH	08048
2	after death. the-funeral ges 1 and 2 after death.	1. PLACE OF OEATH a. COUNTY D. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b) 2. USUAL RESIDENCE (Where deceased lived, If institution: f a. STATE b. COUNTY MARYLANO C. CITY OR TOWN of outside corporate limits, write RURAL	V
7	uted within 24 hours aft i completely filled in by th ove carbon papers. Pages revent, within 72 hours at	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) c. CITY OR TOWN of outside corporate limits, write RURAL C. CITY OR TOWN of out	3 0 4 e. IS RESIDENCE
	y fille pape hin 72	Greater Balto Med. Center 5949 The alameda	ON A FARM? YES NO
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	executed within and completely remove carbon plans event, within	M W. WIOOWED DIVORCEO 10-25-11 last birthday) Months	Days Hours Min.
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	e death certifica the attending ph it permit. Then nation, or remova	Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No Winnie Griest - Huff Address Patient's Chart	
	quires that the physician. Sen signed by le burial-trans to burial-trans to burial, cren	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. (c) (d) (e) (e) (f) (b) (f) (f) (f) (c) (f) (f) (h) (h) (h) (h) (h) (h	INTERVAL BETWEEN ONSET AND DEATH
	ICIAN. The law re ospital or attendii certificate has be hed for use as the t. of Health prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMEO?
	JING PHYSICI d by the hos After this ce d be detache s State Dept.		unty) (State)
•	TO HOSPITAL OR ATTENDIN Page 4 may be retained FUNERAL DIRECTOR: Af director, page 3 should Should be filed with the S	saw the deceased alive on 320 pm 6/7 19 66, and that death occurred at 200 pm from the causes and on the causes are caused and the caused and the caused and the caused and the caused are caused and the caused and the caused and the caused and the caused are caused and the caused and the caused are caused and the caused and the caused are caused	that (I) (We) last the date stated above that SIGNED
	TO HOSPITAL O Page 4 may b TO FUNERAL DI director, page should be filed	22c. PHYSICIAN'S NAME (Type) WHRRY CHONG GREITTEN BALT MZD	enter
	TO Fa	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR 23b. DATE THEREOF Parkwood ADDRESS 1 25c. NAME OF CEMETERY OR CREMATORY Parkwood ADDRESS 1 25d. LOCATION (City, town or co	unty) (State) 'S SIGNATURE
	VR AI5 (4)	Leonard J. Ruck, Inc., 5305 Harford Rd. DATEUN 9 1966 golden	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f institution; Residence before admission) a. COUNTY b. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by the bon papers. Page within 72 hours a write RURAL and give nearest town) hours TIMORG ONSVI d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? NOC YES within carbon NAME OF Middle Last DATE Month Day DECEASED DF (Haffer (Type or print) 66 DEATH 6 19 5. SEX 6. CDLDR DR RACE DATE OF BIRTH 8. 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove 7. MARRIED **NEVER MARRIED** last birthday) Months Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) Ξ 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lease during most of working life, even if retired) COUNTRY? IRCMAN UIS, physi death certificate removal. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. | 17. INFORMANT transit permit. (Yes, no, or unkown) | (If yes give war or dates of service) MRS. WAITER 5445 Wilkins Ave. BA CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] burial-transit burial, cremat INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) signed DUE TO Conditions, if any, which peen gave rise to immediate r the DUE TO cause (a), stating the underlying cause last. 38 PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTDPSY use for use Health PERFORMED? certificate teriosclerosi's NO YES [20a. ACCIDENT WAS UNDERLYING
DR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) etached f Dept. of 20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. While Not While After p.m. at work at work retained P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 105PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. MED. DIRECTOR ATTENDING STAFF PHYS. M.D. PHYS. pa O HOSPITAL FUNERAL PHYSICIAN'S 22d. **ADDRESS** director, p NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREDF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 25b. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4) DATE 2DM 1/65

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	Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212:	01
TE .	08064 MEDICAL EXAMINERS	S CERTIFICATE OF DEATH	0.8050
	PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE Maryland b. COUNTY Ce	e before admission) cil
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	c. CITY OR TOWN (If autside carporate limits, write RURAL and give ${f Elkton}$	nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Spring Grove State Hospital	d STREET ADDRESS 124 East Main Street	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First Middle DECEASED (Type or print) FRED D.	Lost 4. DATE Month OF DEATH June	Doy Year 29 19 66
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	S. DATE OF BIRTH June 4, 1932 9. AGE (In yeors lest birthday) 34 yrs. Months	YEAR IF UNDER 24 HRS. Doys Hours Min.
du	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) Production 10b. KIND OF BUSINESS OR INDUSTRY Auto Mfg.	Virginia	ZEN OF WHAT INTRY? J.S.A.
25	Henry Monroe Hall	14. MOTHER'S MAIDEN NAME Helen	
19	es, no, or unknown) ((If yes give wor or dotes of service)	Address 124 E.	Main Md.
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acute and chronic	INTERVAL BETWEEN ONSET AND DEATH
	322/ Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse (c) (c)		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES X NO
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	D. (Enter noture of injury in Port I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. p.m. 20d. INJURY OCCURRED While Not While of work of work	LACE OF INJURY (Hame, farm, octory, street, office bldg., etc.) 20f. (City or town) (Coul	nty) (Stote)
	ACTUAL O / S	uicide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER	and in my apinia
2	SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D.	M.D. ASSISTANT MEDICAL EXAMINER C DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	6/30/66
23 I	o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O July 2, 1966 Hall Ceme		County) (Stote)
,	Hicks Home for Funerals, Elkton,	Md. DATE JUL 7 1966 for an arms of the state	GNATURE Judge

STORE OF SERVICE AND ASSESSED. mallen

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08065 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland a. COUNTY b. COUNTY Baltimore Baltimore death. b. CITY OR TOWN (If autside carparate fimits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) and write RURAL and give negrest tawn) (20) Middle River (20) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? 1520 Becklow St. 1520 Becklow St. YES NO 🛨 3. NAME OF Middle Last 4. DATE Manth DECEASED June 24, 1966 JAMES E. HALTERMAN. SR. (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH fost birthday) WIDOWED White DIVORCED March 22, 1936 Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Carpenter INDUSTRY COUNTRY? Construction Virginia USA Ony 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lloyd Halterman Veron Walton and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address or removol, Sarah Halterman 1B. CAUSE OF DEATH (Enter only one cause per line INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) cremotian, DUE TO Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) pe 20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part H of frem 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year office bldg., etc.) Nat While at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . for Inquiry Z and in my opinion Natural causes Accident . Suicide 1 death resulted fram: Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Melvin B, Davis, M.D. 6800 Morningtond Rd Grandalk 322 5 moy ro FUNE Heolth NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Glen Haven Memorial Park Anne Arundle Co., Md. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE James E. Bruzdziński 1407 Eastern Ave. VR A15ME (5) JUN 27 6M 1/66

1 COLUM --totte (1907 (20) the present total L bollow . DC COLL S Retail nagrafial broll Polyten S. Davis, M. L. 6800 Partition and American ad. Named all C. Ind. . At all the many of the fact that have the file of the state of the s

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY	'LAND 21201
FOR STATE 08066 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08052
HEALTH DEPT. 1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND M. CITY OR TOWN (If outside corporate limits.) L. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits write Place)	YINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	JRAL ond give neorest town)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Cockeysville Md d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Baltimore d. STREET ADDRESS	30.4
MARYLAND b. CITY OR TOWN (If outside corporate limits, write RU write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits, write RU write RURAL and give neorest town) c. CITY OR TOWN (If outside corporate limits, write RU d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) Beaver Dam Swimming Club. 2702 Orleans St.	e. IS RESIDENCE ON A FARM? YES NO LL
Beaver Dam Swimming Club. 3. NAME OF DECEASED David Caryle Hamilton 2702 Orleans St. 4. DATE OF OF 6-5-66	
Beaver Dam Swimming Club. 3. NAME OF DECKASED (Type or print) 5. SEX M. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED 1. NAME OF BIRTH 7	19
	Months Doys Hours Min.
	12. CITIZEN OF WHAT COUNTRY U.S.A.
David C. Hamilton 14. MOTHER'S MAIDEN NAME Hazel Clark	
David C. Hamilton 14. MOTHER'S MAIDEN NAME Hazel Clark David C. Hamilton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Hazel Clark, 2702 Or lear No. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	ns St.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY:	Altimore Md INTERVAL BETWEEN ONSET INDOEATH
DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse of th	
stoting the underlying couse Contributing to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	
Columbia	19. WAS AUTOPSY PERFORMED? YES NO
DDIMADVID A CONTRIBUTING	ve & tore off
20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
X = 6 > 0 O O O O O O O O O O O O O O O O O O	
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inq death resulted from: Notural courses, Accident, Suicide, Homicide, Undetermined many control in the course, Accident, Suicide, Homicide, Undetermined many courses, Accident	uiry , ond in my opinion
deoth resulted from: Noturol covers , Accident , Suicide , Homicide , Undetermined of CHIEF MEDICAL EXAMINER	nonner
SIGNATURE ASSISTANT MEDICAL EXAMINER	22. DATE SLOWED
21. certify that took charge of the remains described above, held an Autopsy , Inspection , Inquestion , Accident , Suicide , Homicide , Undetermined me signature	6/5/66
O C T DEMOVALES AND THE PROPERTY OF THE PROPER	
Burlar June 84 1966 Pee Dee Marion Co.	. S.C.
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. RE	EGISTRAR'S SIGNATURE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Baltimore Co. Maryland MARYLAND Baltimore Go. b. CITY OR TOWN (if outside corporata limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Towson Baltimore. Maryland 21212 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS Dulaney Towson Nursing Home 516 Cording Avenue 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH June 5. Margaret S. Hammond and cor 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX DATE OF BIRTH last birthdey) Months Female White 9-14-1892 WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clerk Department Store Baltimore. Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Zell Carolyn Graeser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or dates of service) Mrs. Emma C. Turner 404 Dunkirk Road No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to Immediata cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY CERTIFICATION 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) fectory, street, office bldg., etc.) Hour e.m. While Not While at work | et work 21. I certify that (I) (this hospital) attended the deceased from.19 6.b., and that death occurred at 3 A.M. from the causes and on the date stated above. saw the deceased alive on 22e. SIGNATULE ATTENDING STAFF death. Page 4
TO FUNERAL
director, page 3
be filed with the PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS Charles NAME (Type) Carr Charles Street 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, lown or county) REMOVAL (Specify) Loudon Park Cemetery Baltimore, Md. 1966 Burial 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

66

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

6. mi

PERFORMED? NO

(State)

22b. DATE

(State)

SIGNED

IF UNDER 24 HRS.

Dev

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08068 CERTIFICATE OF DEATH be executed within 24 haurs after death filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Ba a. COUNTY o. STATEA Raltimore Towson b. CITY OR TOWN (If autside corparate limits, c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 write RURAL and give neorest town) Baltimore - Towson d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) E. Pennsulvania Avenue YES NO X 3. NAME OF Middle 4. DATE Lost Day Year DECEASED Handen. June 1966 Anna. DEATH (Type or print) IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 9. AGE (In veors 7. MARRIED **NEVER MARRIED** birthdoy) Jast DIVORCED 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Home Baltimore. Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaval Then Anna Peterson Peter Barrows 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the death (Yes, na, or unknown) (If yes give war or dates af service) Mrs. Anna Marie Baune 8536 Kings Ridge Rd None INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit ouars IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse the has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO T YES TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) TIME OF INJURY Manth, Day, Year foctory, street, affice bldg., etc.) Hour a.m. Nat While of work that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. M, fram causes and an the date stated above. 1966, and that death accurred of saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 200W. Peuva. Fue. NAME (Type) alo 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, Towson Prospect Hill
ADDRESS' Marles VR A15 (4) John A. Moran Inc. 3000 E. Baltimore Street DATE JUN

ARYLAND STATE DEPARTMENT OF HEALTH

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		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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eath the				ACE OF INJURY (Home, farm. ; 20f. (City or town) (Count	y) (Stete)
Afte After A		MEDICAL	Hour e.m. While Not While fac	ctory, street, office bldg., etc.)	
EN Stain	97	2	21. I certify that (I) (this hospital) attended the deceased from.	4 13 19 bb to b 19 , 19 l	that (1) (we) last
TIP OF DO SO				t death occured atM, from the causes and on the	e date stated above.
Stat	2		22a. SIGNATURE ACIA		22b. DATE
14.12 e	31		Musl_	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	.22.66 SIGNED
TA ge ge oage	1		22c. PHYSICIAN'S NAME (Type) A & 1. 1A1 C12	22d. ADDRESS	
HOSPITAL ath. Page 4 FUNERAL ector, page filed with t			ITIL-WITLIN	715 N. CHARLES	
		23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	$1 \cdot 1 \cdot$	(State)
5 g G g g	0	_/	130R/A 1 16-23-66 NOTANISIA	rus Ced. BAltimore M	d
VR A15 (4)	1	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	11
15M 9/60	Du	N	DABROWSKI 2818 I. BAHIMORE	= SF. IndUN 2 3 1966 fcharles	Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08071		CERTIFIC	ATE OF DEATH		08058
PLACE OF DEATH O. COUNTY b. CITY OR TOWN (BALTIMO F If outside corporate limits, PHORPET town)	C. LENGTH OF STAY IN 1E	a. STATE MARY	LAND b. COUL	BALTIMORE
d. NAME OF HOSPIT		hospitol, give street address)	d. STREET ADDRESS	Y AVENUE 21227	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First AGNES	Middle M.	Lost HARRIS	4. DATE Mont	24, 1966
S. SEX FEMALE		MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 10-21-1883	9. AGE (In yeors last birthday) 82 yrs.	Months Doys Haurs Min.
during mast of working HOUSEWI	(Give kind af wark dane life, even if retired) FE	10b. KIND OF BUSINESS OR INDUSTRY	PENNS	& Stote, or foreign country) SYLVAN IA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	SETH YOU		14. MOTHER'S MAIDEN MARY 17. INFORMANT	NAME JENNINGS Addre	
(Yes, no, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of se	rvice) 16. SOCIAL SECURITY NO. NONE		RY, 1930 BRADY	
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	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of item 18.)	YES NO
-	URY Month, Day, Year m.	20d. INJURY OCCURRED 20e While Nat While of work	PLACE OF INJURY (Home, form factory, street, office bldg., etc.		(County) (State)
saw the d	eceased alive an January	mberch	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	and an the date stated abave 22b. DATE SIGNED
NAME (Type 23a. BURIAL, CREMATI BOTAGYAL Specify	ON, 23b. DATE THEREO		Y OR CREMATORY	MAIN STREET, 23d. LOCATION (City or To BRADFORD CO	
24. FUNERAL DIRECTO		ADDRESS	25a. REC	DINY REGISTRAR 1966	EGISTRAP'S SIGNATURE Quidge

HOWARD H. HUBBARD, 4107 WILKENS AVENUE, 21229

8

DATE

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or remove that any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth.

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0	# 24		CERTIFICATE OF DEATH	08059
	after death. the funeral ges 1 and 2 after death.	1.	PLACE OF DEATH a. COUNTY Baltimore County MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: e. STATE Maryland b. COUNTY	Residence before admission)
			b. CITY OR TDWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL)	AL end give nearest town)
	24 hours filled in by apers. Pa n 72 hours	_	Balto.	30 4
	24 he filled sapers in 72 l		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
	letely f	3.	NAME DE FIRST MIDDLE 1523 Northern Parkway	YES NO
	uted within completely ve carbon event, with		DECEASED (Type or print) Carl Oscar Hartzelius DF DEATH June	12 1966
	executed within and completely in any event, within	mo	Le white WIDOWED DIVORCED June 2, 1879 Jast birthday Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
	nd is	du du	USUAL OCCUPATION (Give kind of work done line most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. 12. 13. 14. 14. 15. 15. 15. 15. 16.	CITIZEN OF WHAT
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	e death certifica the attending ph it permit. Then nation, or removal	(Y	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address no none 16. SDCIAL SECURITY NO. 17. INFORMANT Family records	
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	at the san. d by ransi crem		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COROLARY OCCUS, SA	ONSET AND DEATH
	ires that the death certificat physician. signed by the attending phy burial-transit permit. Then pl burial, cremation, or removal,		Conditions, If eny, which DUE TO Conditions, If eny, which DUE TO Conditions, If eny, which DUE TO	425.
	ding ding been the	10	gave rise to immediate cause (a), stating the underlying cause last.	
	or atte cate har r use a	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)	19. WAS AUTDPSY PERFORMED?
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	cert cert thed of. of	CERT	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	0.)
	ATTENDING PHYSICIAN: The law retained by the hospital or atten ECTOR: After this certificate has 3 should be detached for use as with the State Dept. of Health price	MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (City or town) (Cit	ounty) (Stete)
				that (1) (we) last
	ATTENDI retained CTOR: A Should vith the		saw the deceased alive on May 28 1966, and that death occurred at 1390M, from the causes and on 22a, SIGNATURE	the date stated above.
	DIRE Be 3 Se 3 ed w	7	Attended M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	DATE SIGNED
	TO HOSPITAL OR ATTEN Page 4 may be retains O FUNERAL DIRECTOR: director, page 3 shoul should be filed with th		22c. PHYSICIAN'S NAME (Type) 5, J. VENABLE, JR 22d. ADDRESS NAME (Type) 5, J. VENABLE, JR 22J YORK RA, BATTA	MI MD 21212
	Page Fun direct should	238		ounty) (State)
	5 5 5 5 8	24	Burial 6/14/66 Maneland Memorial Park ParkVille	M-L R'S SIGNATURE
	VR AI5 (4) 20M 1/65		John Burns Sons Towson, Md 21204 DATUN 20 1966 Jeliane	es Judge

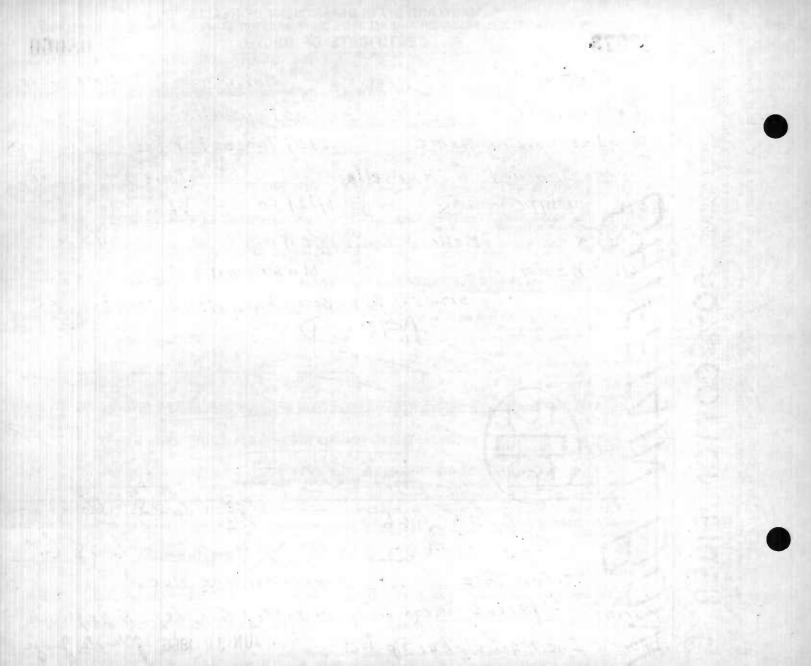
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2 1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYI AND
£ 75 E		08073 CERTIFICATE OF DEATH	98960
er death. e funeral and 2 er death.	1.	PLACE OF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If Institution: Real a. STATE a. STATE D. COUNTY Baltimore MARYLAND	esidence before admission)
eccuted within 24 hours after and completely filled in by the femove carbon papers. Pages 1 any event, within 72 hours after		b. CITY OR TOWN (if outside corporate limits, write RURAL write RURAL and give nearest town) CATONSVIILE C. LENGTH OF STAY IN 1b CATONSVIILE	
n 24 hours y filled in by papers. Pa		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Paradise Nursing Home 1907 Tadeas ter Rd.	e. IS RESIDENCE ON A FARM? YES NO
1 withii npletel carbon ent, wit	3.	OECEASED (Type or print) Samuel R. Harvelle DEATH June 27	Day Year 19 4
executed within and completely remove carbon I any event, with	1	Male white WIDOWED DIVORCED 1/12/80 last birthday) Months	Days Hours Min.
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h certificate tending physi ht Then ple or removal, a	13	3. FATHER'S NAME UN KNOWN UN KNOWN	
leath ce e attend permit, on, or re	()	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, no., or unknown) (If yes give war or dates of service) 217-05-1086 Mrs. BESSIE Lang 1904 Tadecas to	er Rd.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-transit permit. Then planded be filed with the State Dept. of Health prior to burial, cremation, or removal,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
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aw reg ttendin has bee as the prior t	NO	cause (a), stating the DUE TO underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	119. WAS AUTOPSY
t: The lail or a fificate for use Health	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	PERFORMED?
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ING PH J by the After the be del State L	MEDICAL		-
OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Stai		21. I certify that (I) (this hospital) attended the deceased from, 1960, to, 1960, and that death occurred at, M, from the causes and on the causes and on the causes and on the causes are caused at, 1960, and that death occurred at, M, from the causes and on the cause are caused from, 1960, to, 1960, to	that (I) (we) last ne date stated above.
AL OR hay be not		22c. PHYSICIAN'S STAFF DIRECTOR PHYS. DIRECTOR PHY	2866
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed bdirector, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	23	NAME (Type) T. Earl Pass 4001 Wilkens Axe.	inty) (State)
5 5 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coure REMOVAL (Specify) 6 30 66 Megdowridge Cemeter in 25d. REGISTRAR' 25b. REGISTRAR	syland S SIGNATURE
VR AI5 (4)	A	Ambrose Inc. 1328 Sulphur Sp. Rd DATE JUN 30 1966 golvan	les Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 0,9 08074 CERTIFICATE OF DEATH dresth. 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY DR TDWN (If outside corporate limits. C. LENGTH DE STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Limth 16dys Baltimore Catonsville d. NAME DF HDSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? θ. SPRING GROVE STATE HOSPITAL. 157 S. Collins Avenue hin YES | NO X within 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED Mary Harvey (Type or print) DEATH June PHYSICIAN: The law requires that the death certificate be executed S. SEX 6. CDLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 18837 lost birthdoy) Manths Doys Haurs in any female white WIDOWED DIVORCED 1881x 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY COUNTRY? physician and Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, attending phys unknown UNARROWN Anna Daughty Charles Rohe 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND 17. INFORMANT Address permit. (Yes, na, ar unknawn) (If yes give wor or dotes af service) 212-07-6481 Records: SPRING GROVE STATE HOSPITAL crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit Generalized arteriosclerosis ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by physician. DUE TO burial, Canditions, if any, which gove rise to immediate couse (a). DUE TO attending | stating the underlying cause as the priar ta TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION for use Malnutrition - Decubitus ulcers YES [NO O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH of o detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. foctory, street, affice bldg., etc.) Nat While 19 at work at work 1900 Jan. 17 ta June 3 , 1966, that (%) (we) last 21. I certify that (4) (this haspital) attended the deceased fram shauld 2:00M, from couses and an the date stated above. 19 66 and that death accurred at June saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED 6-3-66 MED M.D. DIRECTOR PHYS. filed PHYS 22d ADDRESS SPRING GROVE STATE HOSPITAL 22c. PHYSICIAN'S Stella Wachsler M.D. NAME (Type) Baltimore, Maryland 21228 directar, p 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) 23o. BURIAL CREMATION (County) (State) REMOVAL (Specify) Balto. Md. June 6. 1966 Buria New Cathedral Cem 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charle 1966 Truman Schwab 3512 Frederick Ave. Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please cemove carban papers. Pages 1 and 3 should be filed with the State Dept. at Health priar to burial, crematian, or remaval and that many event, within 72 hours after deam

	Division of STATISTICAL	 AND RECORDS,			
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1. PLACE OF DEATH o. COUNTY	BALTIMORE		MARYLANI		o. STATE	NCE (Whe		lived, if institu b. COL		ce before odr	nission)
b. CITY OR TOWN write RURAL or	(If outside corporate limit id give neorest town) HOWARD	S,	c. LENGTH OF STAY IN 16		c. CITY OR TOWN	(If outside ITTMO		limits, write RI	JRAL ond give	nearest taw	/n)
d. NAME OF HOSPI	TAL OR INSTITUTION (If n		give street address)		d. STREET ADDRES	S				10	RESIDENCE A FARM?
	ADMINISTRA							ROVE ST			NO X
3. NAME OF DECEASED (Type or print)		nst NNTE	Middle		LOST	4	A. DATE OF DEATH	JUI	Œ	7 Poy	Year 166
S. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH	1899		AGE (In years hirthdoy)	Months Months		INDER 24 HRS. Durs Min.
during most of working	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (C	10000		gn country)		UNTRY?	AT
13. FATHER'S NAME JERODEN	HATCHER			1	4. MOTHER'S MA	IDEN NAM					
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dates	of service)	SOCIAL SECURITY NO. 38 07 50 96		ORMANT N. RECOR	DC .	WA HO	Add		מא אנזר	MD
IB. CAUSE OF DEPART I. DEA	DEATH (Enter only one country was caused by: IMMEDIATE CAUSE	use per line for (a) CHR(INTERVA	L BETWEEN DEATH
Conditions, if on rise to immedio stoting the und- last.	y, which gove te cause (a), erlying couse	(b) TO (c)									
PART II. OTHER S	GIGNIFICANT CONDITIONS (TO DEATH BUT NOT RELATED	D TO THE	TERMINAL DISEA	SE CONDI	ITION GIVEN	IN PART 1(a)		PER	AUTOPSY FORMED? NO
20o. ACCIDENT W. OR CONTRIBUTING	20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
Hour o	JURY Month, Doy, Yeor .m. 19	20d. II While	Nat While		OF INJURY (Home , street, office bldg		20f.	(City or town)	(Co	unty)	(State)
	ify that (\$\(\)(this had deceased alive an_	spital) atten	ded the deceased fro 66 19, and	m I that o	5/10/66 death occurre	, 19 d at 4	ta 1:3544	6/7/6 fram causes	and an t	he date st	
22o. SIGNATURI	Q. 19, 1	alle	rt	M.D.	ATTENDING PHYS.	L) DI	ED. IRECTOR	STAFF PHYS.	22b. D	ATE SIGNED 6/7/66	
22c. PHYSICIAN NAME (Typ	JOHN D.	TALBE	RT, M. D.		VAH FO		IOWARD	, MARY	LAND		
230. BURIAL, CREMAT PEMOVAL (Specif BURIAL)		-66	BALTIMORE	NAT	TONAL		BAL	TION (City or 1	MARYI		(Stote)
24. FUNERAL DIRECT	OR .		Morten & Dye	ett	Funeral PA	HOM	REGISTRA	2Sb. 1966	REGISTRAR'S S	SIGNATURE	Judge

1701 Laurens St.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 08076 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Harford a. STATE a. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) Stewardstown. Md. Catonsville Lyr9dys d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS R.F.D. #1 STATE HOSFITAL SPRING GROVE 3. NAME OF Middle Last 4. DATE Month First DECEASED Herbert F. June Heaps DEATH (Type or print) IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths June 18, 1924 WIDOWED DIVORCED white male 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during mast af warking life, even if retired) INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Francis Laird Howard F. Heaps 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, ng, ar unknown) (If yes give war ar dates af service) 179-20-9076 Records: SPRING GROVE STATE no 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Acute Heart Failure IMMEDIATE CAUSE (o) DUE TO Generalized Arteriosclerosis Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Maltnutrition nad Inactive Pulmonary TB on the right side (1958) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH No accident (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED (City or town) 20c, TIME OF INJURY Month, Day, Year Hour a.m. Not While factory, street, office bldg., etc.) at wark June 1 May 22 21. I certify that ((this haspital) ottended the deceased from. 19 66, and that death occurred th June 1 M, fram causes and op the date stated above. sow the deceosed olive on 22o. SIGNATURE June 5. PHYS. M.D SPRING GROVE 22d. ADDRESS 22c. PHYSICIAN'S Dr Imre Kopits Baltimore, Maryland 21228 NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

E

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate

shauld

director, page 3 shauld be filed v

230. BURIAL, CREMATION REMOVAL (Specify

ADDRESS EUNERAL DIRECTOR STEWARTS TOWN

23b. DAJE THEREOF

23d, LOCATION (City or Town)

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e. IS RESIDENCE ON A FARM?

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INTERVAL BETWEEN

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12. CITIZEN OF WHAT

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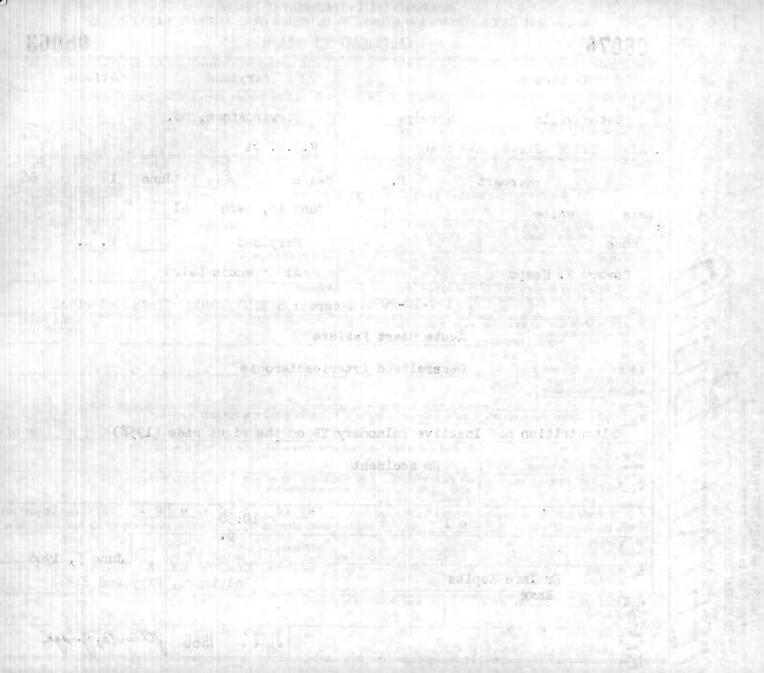
(County)

22b. DATE SIGNED

(County)

U. S.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 118064 CERTIFICATE OF DEATH 08077 requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE h COUNTY MARYLAND BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
FORT HOWARD, MARYLAND
66 Dealer of the Maryland of the Mary 66 DAYS BALTIMORE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2624 EAST MONUMENT STREET VETERANS ADMINISTRATION HOSPITAL YES NO 3. NAME OF Middle Lost 4. DATE Month Dov Year DECEASED CURTIS HENNING JUNE 19 66 (Type or print) JOHN DEATH IF UNDER 1 YEAR B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED JULY 14, 1906 MALE WHITE 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY CHESTERTOWN MARYLAND

14. MOTHER'S MAIDEN NAME BRICK-LAYER CONSTRUCTION 13. FATHER'S NAME RACHEL TAYLOR GEORGE HENNING 1S. WAS DECEASED EVER IN U.S. ARMFD FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dates of service) 217 05 93 55 CLINICAL RECORDS FORT HOWARD, MARYLAND YES WW 2 IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit PHATE AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA, UNDETERMINED ORGANISM IMMEDIATE CAUSE (a). 231X DUE TO UNKNOWN Conditions, if ony, which gove BONE METASTASIS rise to immediate couse (a). TUMOR OF LUNG. RIGHT WPPER LOBE DUE TO stating the underlying couse hos been the HINSPECTETED TYPE UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO Y TO FUNERAL DIRECTOR: After this certificate for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) of work ot work 21. I certify that XI) (this haspital) attended the deceased fram APRIL 6, 19 66, to JUNE 11, 19 66 that (Oc(we) last director, page 3 should should be filed with the saw the deceased alive an JUNE 11, 19 66, and that death occurred at 1115MMram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF JUNE 11, 1966 M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NEILON NEILSON, M.D. VA HOSPITAL, FORT HOWARD, MARYLAND 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify)
BURLAL 6/15/66 PARKWOOD CEMETERY BALTIMORE, MARYLAND 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Charles SANDERS FUNERAL HOME, BROADWAY AND NORTH AVE DATELLIN BALLIMORE, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

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¥ 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	ın
4 704	08078 CERTIFICATE OF DEATH (180)	65
after death, the funeral ges 1 and 2 s after death	1. PLACE DF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence befine a STATE b. CDUNTY Maryland	ore admission)
rs aft by th Pages urs af	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	earest town)
completely filled in by ve carbon papers. Page event, within 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS	RESIDENCE V A FARM?
y fille pape thin 72	St. Joseph Hospital 1310 Limit Ave. YES	□ ND □
executed within and completely remove carbon in any event, with	3. NAME DF DECEASED Last 4. DATE Month Day DF Last (Type or print) Alva N. Henry DEATH June 3.	Year 19 66
uted com	5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER	
	10a. USUAL DCCUPATION (Give kind of work done 10b. KIND DE RUSINESS DR 111. RIRTHPLACE (County & State, or foreign country) 12. CITIZEN DE V	
e be sician lease and ir	during most of working life, even if retired) Homemaker West Virginia	
rtificate ng physi nen ple movel, a	13. FATHER'S NAME	
ath certi attending rmit. In	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOSIAL SECURITY ND. 17. INFORMANT Address	J my
death (le atten permit.	(Yes, no, or unkown) (If yes give war or dates of service) 236-12-690 Mrs. Jona Marine Norms, 1310 for	nit an
he y the sit	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: Death	BETWEEN ND DEATH
res that some signed to the signer si	PART I. DEATH WAS CAUSED BY: Pulmonary Infarction, Bilateral #34/ DUE TD	
ires phys phys n sign buria	Conditions, if any, which gave rise to immediate (b) Congestive Heart Failure	
law requires that tattending physician. has been signed be as the burial-tranh prior to burial, cre	cause (a), stating the DUE TD	
atten atten e has se as th prio		S AUTDPSY REDRMED?
	YES D	
PHYSICIAN: the hospital this certific detached for e Dept. of H	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Contributing Cause of Death (IF Either, Notify Medical Examiner) 20b. Describe HDW Injury Dccurred. (Enter nature of injury in Part I or Part II of Item 18.)	
PHY the this deta deta	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work	(State)
D A P C	21. I certify that (I) (this hospital) attended the deceased from June 2, 1966, to June 3, 1966, that	
— <u>ω</u> (τ) >	saw the deceased alive on June 3, 1966, and that death occurred at 1:05M, from the causes and on the date st 22a. SIGNATURE 22b. DATE SIGNE	
TAL OR may be MAL DIRE ., page 3 pe filed v	M.D. PHYS. MED. STAFF June 3,	1966
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page should be filed	NAME (Type) 7620 York Rd., Baltimore, Md. 21	204
TO HOSPI1 Page 4 r TO FUNER, director, should be	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or)county)	(State)
	24. FUNERAL DIRECTOR DODRESS 129a. DEC'D BY REGISTRARY 25b. REGISTRARY SIGNATURE OF THE PROPERTY OF THE PROPER	Groule
VR A15 (4)	Frank It. Hewell pikesville 8, Mil Dary UN 7 1900 forwards go	0

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 08079 HEALTH DEPT. PLACE OF DEATH 2. MISUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission a. COUNTY a STAPE b. COUNTY ay is MARYLAND c. CITY OR JOWN if autside corposate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 pup d. NAME OF HOSPITAL OR INSTITUTION If not in haspital give street address) d. STREET ADDRESS IS RESIDENCE haurs 3. NAME OF Benedict 4. DATE Charles ! Year DECEASED OF DEATH Mure 1966 within Type ar print) 6. COLOR OR RAC 7 MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7/29/1906 virtidoy) Manths Dovs Hours DIVORCED WIDOWFD 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 24 in dny Mever Seed Co. Baltimore, Md. Buver 14. MOTHER'S MAIDEN NAM pencil 13. FATHER'S NAME executed within = Henry C. Heusler Dorothea Franz and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED TOKES:
(Yes, na, or unknown) (If yes give wor ar dotes of service)
216-09-5161 Address permit. remaval, Louise Mech Heusler, wife, above 18. CAUSE OF DEATH (Enter only one cause per liperfor (st. (b), and (t).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH OL IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove cremat rise to immediate cause (o). DUF TO stating the underlying couse 0 OS nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DEFINIAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part priar should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame form, factory, street office bldg., etc.) (City or town) (County) (Stote) While of work at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection N Inquiry and in my opinian may be retained far FUNERAL DIRECTOR: death resulted from Natural causes Suicide , Acdident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22, DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER D **EXAMINER'S** NAME (Type) Address (Street, city, tawn, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 REMOVAL (Specify)
Burial 6/29/66 Gardens of Faith Baltimore, Md. Cem. 2Sh. REGISTRAR'S SIGNATURE 24 SUNERAL DIRECTOR Funeral Home, ADDRESS Inc. 25g. REC'D BY REGISTRAR Melanley Judge VR A15ME 15 Brehms Lane

PLACE OF DEATH b. CITY OR TOWN (If out requires that the death certificate be executed within 24 haurs NAME OF DECEASED attending physician and campletely filled 5. SEX 10a. USUAL OCCUPATION (C during most of working I 13. FATHER'S NAME 15. WAS DECEASED EVER IN CERTIFICATION ATTENDING TO FUNERAL DIREC TO HOSPITAL OR

VR A15 (4) 15M 9/59

DIVISION OF STATISTICAL RESEARCH	E DEPARTMENT OF HEALTH H AND RECORDS — BALTIMORE 1, MARYLAND CATE OF DEATH
PLACE OF DEATH o. COUNTY Baltimore MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Essex (21)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex (21)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Box 544 Rt. 1 Sue Grove Road	Box 544 RFD 1 Sue Grove Rd. o. IS RESIDENCE on A FARM? YES \(\text{NO } \text{NO } \)
NAME OF First Middle DECEASED (Type or print) HARRY L. HOEY	Last 4. DATE Manth Day Year OF DEATH June 5 19 66
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	March 16, 1892 74 yrs. Months Days Hours Min.
Owner DUSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Auto Garage Bu	usiness Maryland USA
Clarence Hoey	14. MOTHER'S MAIDEN NAME Anna Grim
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. Social Security No. 1 18. OP 7924	7. INFORMANT Address H. Paul Hoey Same
18. CAUSE OF DEATH [Enter only one cause pooline for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	y Occusion Interval Between
Canditions, if any, which) DUE TO Myshypelm	Er Pulmmary ?
gave rise to immediate cause (a), stating the under-lying cause last.	ial asthrika?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING CONCREDENT OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Haur a. m. 19 While at wark at wark	s. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (City or town) (Caunty) (State)
21. I certify that (I) (this happital) attended the deceased from the deceased alive an arms 4 1966 and the	am Jun 1
200. SIGNATURE Blumgardner	M.D. ATTENDING MED. STAFF PHYS. 6/6/6 226. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) C. M. B. DATE THEREOR 22c. NAME OF CENTER	22d. ADDRESS Balto 6 Mid

Canditians, if any, gave rise to imme cause (a), stating the ! lying cause last. PART II. OTHER S 20a. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MED 20c. TIME OF INJURY Haur a.m. p. m. 21. I certify that (I saw the deceased 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) 6/8/66 Baltimore Co., Md. Druid Ridge Cemetery Burial 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR Bruzdzinski Funeral Home 1407 Eastern Ave. #21

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission. a. COUNTY Baltimore Maryland b. COUNTY MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) apers. Pagin 72 hours Baltimore 2 months Reisterstown 21136 = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? St. Joseph Hospital Church Road ND X YES executed within NAME DE First Middle Last DATE Month Day Year DECEASED 19 66 17 (Type or print) Joseph J. Holechek DEATH June COLDE 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE DF BIRTH emove AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) White Months Days Hours 3-5-1928 and Male WIDOWED DIVORCED 12. CITIZEN DF WHAT COUNTRY? 10a. USUAL DCCUPATION (Give kind of workdone | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even if retired) INDUSTRY IJ.S.A. Williamsport.Pa. Chemist Catalyst Research Corp. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending Genevieve McGuire Joseph E. Holechek 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) s the burial transit per to burial, cremation, o 607 Church Rd 218-26-6843 Mrs. Elaine Holeckek 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the ONSET AND DEATH I. DEATH WAS CAUSED BY: Severe pulmonary edema. attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which Bilateral pneumonitis. (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 0 YES X ND the hospital 2Da. ACCIDENT WAS UNDERLYING T 2Db. DESCRIBE HOW INJURY DCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) tached f DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work retained 0 39 66 to 21. I certify that (I) (this hospital) attended the deceased from June 11, 19 66, that (1) (we) last and that death occurred at 1:35M. from the causes and on the date stated above. 1966 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. X June 11, 1966 M.D. PHYS. director, pag should be file Page 4 may O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS D.R. Govinda Rao. M.D. NAME (Type) 7620 York Rd. Baltimore, Md. 21204 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 2 14/66 Finksburg Cemetery Carroll Co., Md. Rurial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Owings Mills, Maryland, part A15 (4) 20M 1/65

and the property of the second national avalvaged Method for dedoctor salates tolechet of the states a de la de la company de la co THE PROPERTY OF THE PARTY OF THE PARTY OF STREET All the little was described and little was described and little S Eddard Swings Hills, Kary end, 10: 19 1958 1 Pendende

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 9 a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by papers. Page nin 72 hours a write RURAL and give nearest town) hours WOODBINE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within / STATE HOSPITAL NO. etely carbon 3. NAME DE Last 4. DATE Month Day DECEASED event, Au (Type or print) DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED emove Last birthday) Months Days Hours and WIDOWED DIVORCED ACI 10a. USUAL OCCUPATION (Give kind of work done) = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician n please r 12. CITIZEN OF WHAT pe during most of working life, even if retired) LNDUSTRY COUNTRY? FARMER 4.8 certificate 13. FATHER'S NAME attending primit Then HOL UAMES MARGARG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) permi SAKUSBU cremation, the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, (Cardinvase - Disease DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last, as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY use for use Health PERFORMED? certificate hospital or YES K NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) this certif detached for Dept. of B OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After p.m. 19 at work at work OR ATTENDIN v DIRECTOR: Jage 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE 22b. DATE SICNED page ATTENDING MED. STAFF PHYS. DIRECTOR PHYSICIAN'S 22d. ADDRESS FUNERAL director, p NAME (Type) DATE THEREOF (State) 23a. BUBIAL, CREMATION, 23b. CEMETERY OR CREMATORY LOCATION (City, town or equnty) 24. 25b. REGISTRAR'S SIGNATURE REC'D BY RECISTRAR VR A15 (4)

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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
completely filled in by the funeral ve carbon papers. Pages 1 and 2 event, within 72 hours after death	1.	PLACE OF DEATH a. COUNTY Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore ON A FARM?
be exect	5. 10 du	St. Joseph Hospital 1226 W. Baltimore St. YES NO NAME OF DECEASED (Type or print) Daniel Holsinger DEATH June 6, 1966 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years if UNDER 14 PEAR IF UNDER 24 HRS. Min. Months Days Hours Min. Months Days Min. Min. Min. Min. Min. Min. Min. Min.
he death certifical y the attending phy sit permit. Then mation, or removal,	13	Unknown 5. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITYNO. 17. INFORMANT 1239 W. Address 1239 W. Baltimore, St. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive myocardial infarction 18. FATHER'S NAME Unknown 16. MOTHER'S MAIDEN NAME Unknown 17. INFORMANT 1239 W. Address 1239 W. Baltimore, St. 162-16-5335 Wrs. Nellie Holsinger INTERVAL BETWEEN ONSET AND DEATH
The all or a finate or use the alth	CERTIFICATION	DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PREFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL C	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 Not While at work at work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 21. I certify that (I) (this hospital) attended the deceased from May 24, 1966, to June 6, 1966, that (I) (we) last saw the deceased alive on June 6, and that death occurred at 7:25M, from the causes and on the date stated above. 22a. SIGNATURE MED. STAFF 22b. DATE SICNED 22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS
TO HOSPITAL TO HOSPITAL WOO TO FUNERAL Grector, pa should be fit	23	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial 6-9-66 Glen Haven Gem Balto., 11d.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08084 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY death. Maryland Baltimore MARYLAND delay b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. pup write RURAL and give nearest town) Owings Mills 17 yrs. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 72 hours ON A FARM? 9648 Dundawan Road Rosewood State Hospital 8. Give Pages NO DC after death. along with 3. NAME OF Middle 4. DATE Doy Year DECEASED within . 6 19 66 HOLT (Type or print) Robert Dean DEATH S SEX 9. AGE (In years JE UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months White Male hours WIDOWED DIVORCED 8-7-42 event 10o. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. 24 any Dependent

13. FATHER'S NAME Baltimore City. Md. none 14 MOTHER'S MAIDEN NAME within pencil = Anne Fritz Charles Phillip Holt gud 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address be executed ar remayal. (Yes, no, or unknown) (If yes give wor or dotes of service Rosewood Records, Owings Mills, Md. no none 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) certificate shauld writing the ward crematian, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse SD burial, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X please execute the certificate, 20o. EXTERNAL CAUSE WAS PRIMARY ♥ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Health or its designated agent, prior 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) factory, street, office bldg., etc.) Devenso mitto may be retained far yaur FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held an Autapsy [Inspection 🔀 Inquiry X and in my opinian Accident X death resulted fram-Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 90 REMOVAL (Specify)
BURIAL DREXEL HILL, 6/17/66 ARLINGTON CEMETERY PENNSYLVANIA 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15ME (5) 21229 WILKENS AVE. HUBBARD 4107 HOWARD H. 6M 1/66

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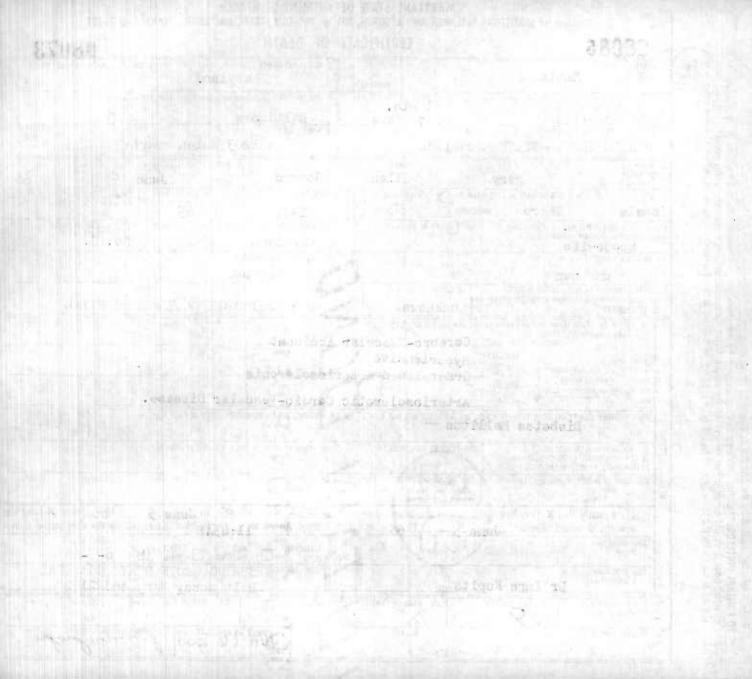
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08072 CERTIFICATE OF DEATH death requires that the deoth certificate be executed within 24 hours after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) H. PLACE OF DEATH the ottending physician ond comptetety (illed in by the funeral sit permit. Then please remove carban papers. Pages 1 and b. COUNTY a. COUNTY o. STATE MARYLAND BALTIMORE MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) BAITIMORE 2 DAYS FORT HOWARD IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? 1344 W. LAFAYETTE AVENUE VETERANS ADMINISTRATION HOSPITAL NO T -Middle 4. DATE 3. NAME OF Lost Doy Year First DECEASED 66 E. HOPKINS JUNE 28 WINFIELD DEATH (Type or print) IF UNDER 24 HRS. IF UNDER 1 YEAR 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Hours Manths Days 2/1/15 MALE NEGRO WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR during most of working life, even if retired) BALTIMORE, MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ANNIE ADAMS THOMAS HOPKINS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknawn) (If yes give war or dotes of service) 217 01 52 69 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) buriol-tronsit ONSTINENDENT PART 1. DEATH WAS CAUSED BY: PNEUMONIA UNDETERMINED ORGANISM IMMEDIATE CAUSE (a). signed by RUR 50 buriol, UNKNOWN METASTASIS TO ABDOMINAL LYMPH NODES Conditions, if any, which gave rise ta immediate cause (a), XXXXXXXX stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been os the LUNG TUMOR LEFT UPPER LOBE UNSPECIFIED TYPE UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20f. (City or town) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Nat While at work at wark 21. I certify that (\$\forall \) (this hospital) attended the deceased from_sow the deceased glive on 6/28/66 19 . and the 6/26/66 to 6/28/66 , 19 , tho PCK (we) lost and that death occurred as: 30A M, from couses and on the date stated above. director, page 3 should should be filed with the sow the deceosed olive on. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** 6/28/66 M.D. PHYS. VAH FORT HOWARD, MARYLAND 22c. PHYSICIAN'S NEILON NEILSON, M. NAME (Type) 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23c. NAME OF CEMETERY OR CREMATORY (Caunty) 23b. DATE THEREOF BALTIMORE NATIONAL BALTIMORE, MARYLAND 66 25b. REGISTRAR'S SIGNATURE REGISTRAR 24. FUNERAL DIRECTOR Milarles VR A15 (4) 20 M 1/66 LAURENS ST. BAITTMORE DATE ME

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

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	(1	IAME OF ECEASED Type or print)	Ma	First ry	Middle Ellen		lost Howard	4. DATE OF DEATH	Month June	5	Doy	Year 19 66
- 1	s. s fe	male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		8. DATE OF BIRTH	9. AGE (In lost pirtl	yeors hdoy) yrs.	Months		UNDER 24 HRS
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	13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
	10		nown R IN U.S. ARMED FORCES	2 14 0	SOCIAL SECURITY NO.	17 1	unkn Informant	i o wn	Address			
	(Yes	no, or unknown) nknown	(If yes give war ar dates	of service)	nknown		cords: SPRI	NG GROVE S			ITAL	
	T	18. CAUSE OF DE PART 1. DEAT	ATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUS		(a), (b), and (c).)	l o do	Aggidant					AL BETWEEN AND DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH

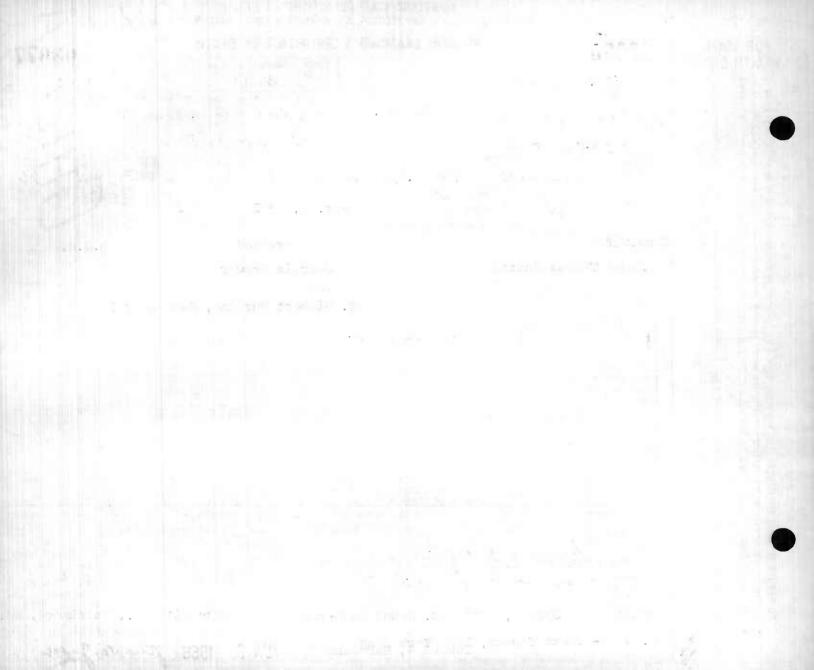
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08088 DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY o. STATE b. COUNTY Page Jo 2 0 death. Baltimore MARYLAND Raltimore Maryland ond 3 part ment CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) ofter Loch Glen Loch Glen d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? De hours 6110 Loch Crest Read 6410 Loch Crest Road Give Poges YES NO DE hours ofter deoth. Office along with 3. NAME OF Middle First Lost 4. DATE Manth Day Year within 72 DECEASED the Type or print) Hugh John Hughes 19 66 DEATH June with S SEX AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 1907 Manths Haurs Item 18. Davs WIDOWED DIVORCED Male White 2 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY Construction during most of working life, even if retired) COUNTRY? 24 Pennsylvania d 'pending' in pencil in Chief Medicol Exominer's USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within Nancy Alice Blake Hugh J. Hughes File pup 15. WA'S DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) ((If yes give war ar dates af service) 16: SOCIAL SECURITY NO 17. INFORMANT Address permit. removal. 214-01-8892 Yes Irma Allen Highes 6410 Loch Crest Road W.W.II ond (c).) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (V), PART I. DEATH WAS CAUSED BY: burial-tronsit 0 IMMEDIATE CAUSE (a) word certificote should cremotion, DUE TO Canditians, if any, which gave (b) rise ta immediate cause (a). DUE TO 0 stoting the underlying cause OS last. burial, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) the certificote, NO 0 20a. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) shauld PRIMARY ar CONTRIBUTING **EXAMINER:** CAUSE OF DEATH designated ogent, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While FUNERAL DIRECTOR: Poge at work at wark pleose execute 21. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion deoth resulted from: _ Noturol couses Accident Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE funerol TO DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** FUNE Heolth Address (Street, city, town, or county) NAME (Type) Charles the 23b DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (County) REMOVAL (Specify) Baltimore County. Moreland Memorial Burial June 1966 Park 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) 1966 Burgee Funeral 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before o. COUNTY o. STATE 2, and 3 ta PM3. Page MORE b. COUNTY of of death Department b. CITY OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 20 Yrs. after ANDWIN OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENC d "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office along with farm 72 hours ON A FARM GKEEN RD. in Item 18. Give Pages YES NO 24 haurs after death. NAME OF Middle First 4. DATE Year DECEASED within (Type or print) DEATH S. SEX 6. COLOR OR RACE NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. lost birthdoy) Months Hours Apr. 4, 1912 WIDOWED DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Housewife INDUSTRY **COUNTRY?** Maryland U.S.A pencil i This certificate shauld be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Thomas Sutton Georgia Brewer ond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes po, or unknown) (If yes give wor or dotes of service ar remaval, Mr. Gilbert Hurline, Same as # 2 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) writing the word cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a), farwarded ta DUE TO stating the underlying couse 0 OS burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) certificate, NO D 10 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) ar its designated agent, priar PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page 21. I certify that I took charge af the remains described above, held an Autopsy Inspection . Inquiry 4 and in my apinian Suicide . the funeral directar. death resulted from: Natural causes Accident | Homicide [Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street City Town a County) 5 may 70 FUNE Health 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BurEMONAI (Specify) June 4, 1966 Dance Mill Rd., Baltimore, Md. St. Johns Lutheran 24. FUNERAL DIRECTOR
Wm. Cook-Brooks Towson, ADDRESS 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME Charles 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) CDUNTY b. COUNTY . MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH CF STAY IN 1b c. CITY DR TDWN (If butside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) hours imore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) eq d. STREET ADDRESS IS RESIDENCE ON A FARM? 24 within YES etely carbon NAME DE Middle DATE Last Dev DECEASED (Type or print) DEATH 5. SEX 6. CDLDR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | Iast birthday) | Months | Days 7. MARRIED NEVER MARRIED Hours 1 WIDOWED 10a. USUAL DCCUPATION (Give kind of work done) = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 10 Softs certificate FATHER'S NAME he attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address 0 (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD buri Cenditions, If any, which (b) gave rise to immediate the DUE TD cause (a), stating the underlying cause last. as (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ICATI for u ND YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) o d DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (Clty or town) (County) factory, street, office bldg., etc.) Hour e.m. While Not While p.m. at work at work 0 21. I certify that (IX(this hospital) attended the deceased from and that death occurred at 11.00M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED be ATTENDING PHYS. page DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) ACHIMOVICH BHUTIMORE LOIS 23a. (BURIAL CREMATION. (State) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25a. VR A15 (4) DATE 20M 1/65

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	tten has as pric	No	underlying cause last.) PARTII.OTHER SICNIFICANT COND	(c)	TING TO DEATH BUT NOT RI	FLATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS	AUTDPSY
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	R ATTENDING PHYSICIAN: The eretained by the hospital or RECTOR: After this certificate 3 should be detached for us with the State Dept. of Health August Carlo Car	4	DR CONTRIBUTING CAUSE OF E	MINER)						
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	NDI NDI NDI NDI NDI NDI		21. I certify that (I) (this h		ed the deceased from_	Jan	, 1966, to	Juna,		(we) last
	ATTENDI retained CTOR: A should vith the		saw the deceased alive on.	6-20	19 6 6, and th	hat death occurre	d at 5 PM, from			ted above.
	OR ATTENDING be retained by NIRECTOR: Aften ge 3 should be with the State		22a. SIGNATURE	1	1000	ATTENDING I	MED.	STAFF PHYS.	DATE SICNED	4
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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY e. STATE Baltimore 26 MARYLAND Md. b. CITY OR TOWN (if outside corporele limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Towson hours after Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Stlella Maris Hospice Ramblewood JACOBS Middle 3. NAME OF aw requires that the death certificate be executed Month DECEASED OF (Type or print) DEATH Elizabeth a Jacob June 9. AGE (In yeers | IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lest birthdey) and Months WIDOWED TAT DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Strullendorf, Germany SEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Walz Margaret Sietzman Anna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) Mrs, Estelle Harman Harman's, Maryland 18. CAUSE OF DEATH [Enter only one cause per line. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUF TO Conditions, if eny, which " geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work TOR State 22e. SIGNATURE ATTENDING MED. DIRECTOR PHYS. O HOSPITAL
death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Robert Mahon E Joppa New Cathedral C metery

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29, 1966 June 050 AN Road 24 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook-Brooks Towson Towson 4. Maryland

23e. BURIAL, CREMATION, | 23b. DATE THEREOF

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Balto.

. IS RESIDENCE ON A FARM?

UNDER 24 HRS.

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

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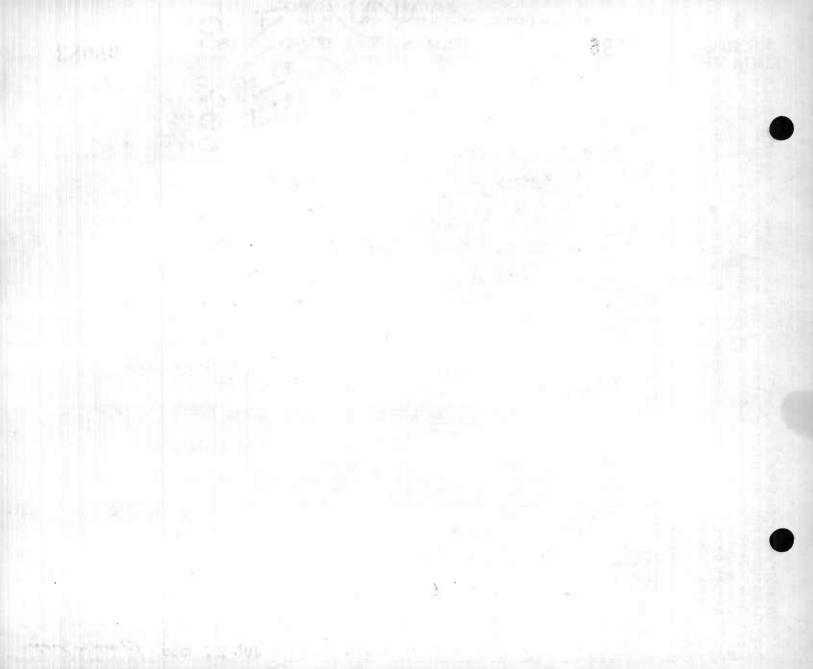
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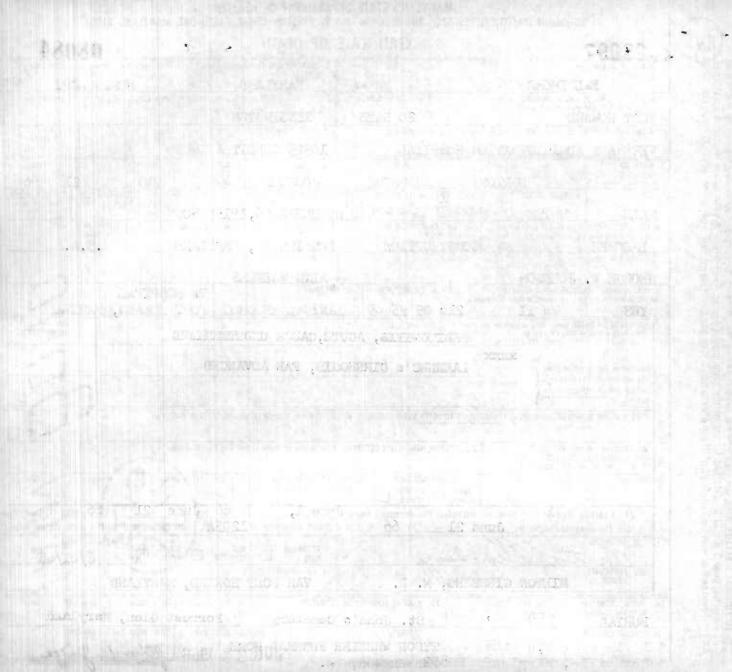
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Department at rs after death.	DEACE OF DEATH O. COUNTY Balto. MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) O. STATE D. COUNTY Balto.
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	21. I certify that I taak charge af the remoins described above, held on Autopsy, Inspection, Inquiry, and in my apinio death resulted from: Natural couses, Accident, Suicide, Homicide Undetermined manner
	ACTUAL & S CHIEF MEDICAL EXAMINER 22 DATE SIGNED
	SIGNATURE EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) C-25-66
2:	30. BURIAL, CREMATION, REMOVAL (Specify) 30. BURIAL, CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 31. BURIAL, CREMATION, City or Town) 32d. LOCATION (City or Town) 32d. LOCATION (City or Town) 32d. LOCATION (City or Town)
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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OR ATTENI be retoined	DIRECTO Je 3 sho led with			22a SIGNATURE	to The	arbe	ng	M.D	* 11. 0.	MED. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNED /21/6	56
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HOS oge 4	director, should b		230.	BURIAL, CREMATIO REMOVAL (Specify) BURTAL	N, 23b. DATE THE June 2	REOF 196	23c. NAME OF CEM			23d. LOCATION		n) (Co	unty)	(State)
_	(m)	1	24.	BURTAL FUNERAL DIRECTOR	R	,,	ADDRESS	nn's	Cemetery 250. REG	D BY REGISTRAR		SISTRAR'S SIGN		^
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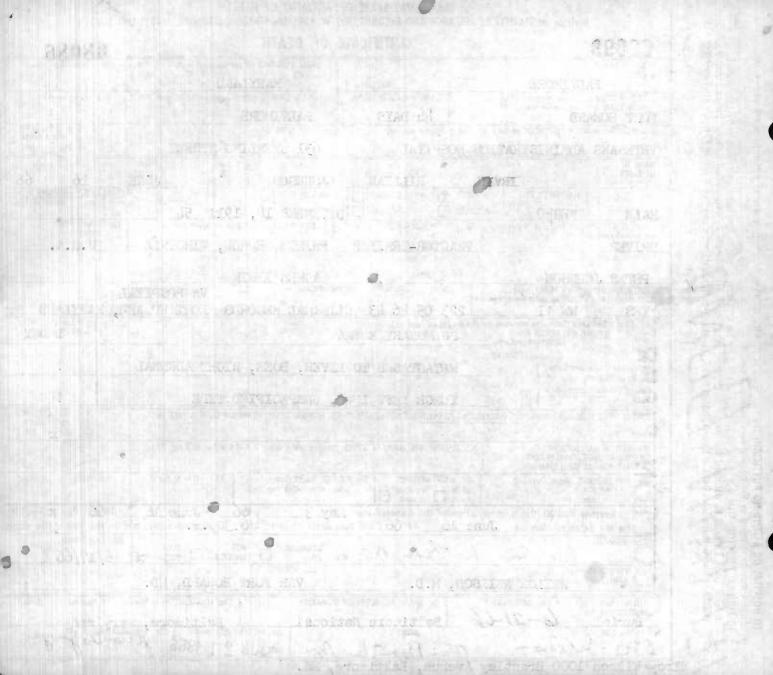


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Poge 3 to LTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, o. PM3. P write RURAL and give nearest town) after TONSVILLE ATONS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours olong with farm NONES Stote | YES | NO be executed within 24 hours ofter death. 4. DATE 3. NAME OF Middle First Lost Month Year DECEASED HN SON JUNE WINFIELD 10 19 66 DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED birthdoy) Months Doys Hours NEGRO 1900 WIDOWED DIVORCED Office of 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOOLS ROPERT rd 'pending' in pencil in Chief Medicol Examiner's LUSTOD poges in an pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NS 0 puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or doles of service removal, 217014313 MITTES INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). buriol-transit ONSEL AND DEATH PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) word This certificate should 4200 cremotion, DUF TO forwarded to the Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse 00 burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO YES certificate. 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) ogent, prior 3 should PRIMARY Or CONTRIBUTING 4 should AL EXAMINER: CAUSE OF DEATH (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) Not While foctory, street, office bldg., etc.) ot work ot work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔀 and in my opinian for the funerol director. death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ADEPUTY MEDICAL EXAMINER TO DEPUTY 10 EXAMINER'S Address (Street, city, town, or county) ATONS Heolth NAME (Type) 23d. LOCATION (City of Jown) Balto. Md. (County) 23o. BURIAL, CREMATION 23b. BATE THEREOF 66 23c. BAMLOLEMETER NOR GREMAURY 1., (Stote) 0 REMOVALISTE AND 250. REGID BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE HAPERville, 24. FUNERAD DIRECTOR Md. VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY o. STATE BALTIMORE MARYLAND MARYLAND b. CITY DR TOWN (If autside carparate limits, c. LENGTH DE STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) LL DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 27 631 STERLING STREET VETERANS ADMINISTRATION HOSPITAL YES NO pan NAME OF Middle Lost 4 DATE Month Year Day DECEASED OE DEATH HTT.I.TAN JOHNSON JUNE 16 66 (Type or print) JRVIN 19 S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED V NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Days Haurs WIDOWED DIVORCED DECEMBER 18. 1911 NEGRO MALE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY PRINCE GEORGE, VIRGINIA TRACTOR-TRAILER U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AGNES IRWIN PETER JOHNSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dates af service) 223 05 46 43 CLINICAL RECORDS YES FORT HOWARD, MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH PULMONARY EDEMA IMMEDIATE CAUSE (a) DUE TO METASTASES TO LIVER, BONE, RIGHT ADRENAL Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the TUMOR LEFT LUNG, UNSPECIFIED TYPE WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES X NO [for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg., etc.) Not While at work at wark 166 ToJune 16 , 1966, that \$0 (we) last 21. I certify that \$\infty\$ (this haspital) attended the deceased from May 3 19 66, and that death occurred at 6:300 Minton causes and an the date stated above. saw the deceased alive an June 16 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR 6/17/66 director, page 3 shauld be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH FORT HOWARD, MD. NEILON NEILSON, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. (County) (State) REMOVAL (Specify)
Burial Baltimore National Raltimore, Maryland RECISIRAR'S SIGNAT 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1965 DATE UN 2

Baltimore.

Elroy Wilson 1000 Brantley Avenue.



1		DIVISIO	N OF STATISTIC		YLAND STATE DE Arch and record	S, 301 W. PREST	ON STREET		ORE 1, MARY	LAND
The street		08100			CERTIFICAT	E OF DEAT	H		13	8087
	1.	PLACE DF DEATH			MARWAND	a. STATE		b. cou	NTY	e before admission)
1	-	Baltimo	N (if outside corporal and give nearest tow	te limits,	MARYLAND c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (f outside corp	orate limits, w	eltimore rite RURAL and gl	ve nearest town)
١		Grani	te				Granate		0 =	- 1
ı		d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not In h	ospital, give street address	d. STREET ADDRESS	3			e. IS RESIDENCE DN A FARM?
l		Da	vis Ave			Acme Ave.				YES ND
	3.	NAME OF OECEASED		rst	Middle	Last	4. DATE	Mon		Year
ĺ	5	(Type or print)	ROSEN.			8. DATE OF BIRTH	OEATH		9,1966	19
		Female	White	7. MARRIED WIDOWED		6-17-1885	9.	last birthday)	Months Days	Hours Min.
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	-	No	054711 [5-4			s. Margaret	Brantle	y,Acme		
1			ATH WAS CAUSED BY		line for (a), (b), and (c).]	1 11	1. I de-		ONS	ERVAL BETWEEN SET AND DEATH
ı		1711	IMMEDIATE CAUSE	(a)	Carcinon	a of M	agrees			6 ms
ı		Conditions, If	any, which \			,				
ı		gave rise to	Immediate	(b)						
		cause (a), st underlying caus	tating the	(c)						
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	MEDICAL C		INJURY Month, Oay,		Not while	ACE DF INJURY (Home, ory, street, office bldg.,	farm, 20f. (6 etc.)	City or town)	(County)	(State)
					led the deceased from	Jan .	1966, to	6/19	, 1966; tl	hat (I) (we) last
		saw the dec	ceased alive on	6/1		at death occurred at.		m the causes		
		22a. SICNATUR	RE V	Sil	Co / M.	D. ATTENDING D. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SI	CNEO
		22c. PHYSICIA NAME (T)		m.	J.Ellin	22d. ADDRESS	and	0/15	tom,	MJ.
	23a	BURIAL, CREM	ATIDN, 23b. DATE	THEREDF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LO	CATION (City,	town or county)	(State)
		Burial	6-22-	1966	St. Pauls M		Gr	anite.	sd	
	24.		bothom, Ell:	icott (ADDRESS	25a. R	EC'D BY RECIS	0.00	recistrar's sich	MATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore County MARYLAND Pages b. CITY DR TDWN (if outside corporate limits, c. LENGTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. res Mount Wilson ALTIMORE = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled Mount Wilson State Hospital within YES ND within etely carbon 3. NAME DE Middle DATE Month Day Year First DECEASED event, 1966 (Type or print) NSON AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED ease remove NEVER MARRIED last birthday) Months Davs Hours any and WIDOWED DIVORCED .⊑ 10a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR 12. CITIZEN OF WHAT State, or foreign country) physician during most of working life, even if retired) INDUSTRY COUNTRY? and CUC The law requires that the death certificate 급 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph removal transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no. or unkown) | (If yes give war or dates of service) Records. Mt. Wilson State Hospital the burial, crement 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) attending physician. DUF TD Rt Kidney Conditions, If any, which peen gave rise to Immediate r the DUF TD cause (a), stating the underlying cause last. 38 CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate ND [After this cerum. 20a. ACCIDENT WAS UNDERLYING
DR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While D.m. at work at work ould 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the saw the deceased alive on. and that death occurred at the M, from the causes and on the date stated above. 22a. +SIGNATURE 22b. DATE SIGNED ATTENDING STAFF page PHYS. DIRECTOR M.D. PHYS. тау HOSPITAL O FUNERAL PHYSICIAN'S 22d. ADDRESS director, p Wm. Newcomer, M.D., Superintendent Mount BURIAL, CREMATION, 23b. REMOVAL (Specify) LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. KURIA FUNERAL DIRECTOR-REC'D BY REGISTRAR 25b. 1966 VR AIS

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Rount Wilson State Hospital

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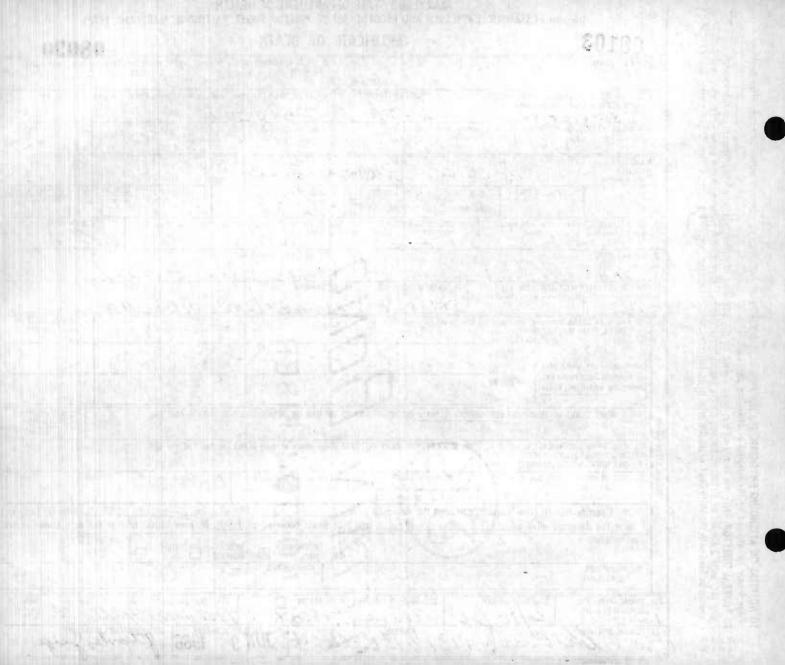
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MARYLAND STATE DEPARTMENT OF HEALTH

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	hat the n. y the ansit p		230	ATH (Enter only one cause H WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line far)	(a), (b), and (c).) CERLBRA	2 TI+	RSTBOSI (ONSET AND DEATH
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	G PHYSICIAN the haspital this certifical detached far te Dept. of He	AL CERTI	OR CONTRIBUTING D (IF EITHER, NOTIFY A	CAUSE OF DEATH [[١		CE OF INJURY (Hame, fare		(Count	ty) (State)
	the py the fer this pe deta	MEDICAL	Haur o.m. p.m.	19	While at war	Nat While Co	tory, street, office bldg., etc.	1962, to Ju		(State)
	OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate ge 3 shauld be detached far us led with the State Dept. of Healt			ceased alive on	6 ·	7_1966, and the	it death accurred a	11-30A - M, fram cause		
	y be re y be re L DIREC age 3 a		22c. PHYSICIAN'S	Keith	BA	Doubly M.	D. ATTENDING PHYS. 22d. ADDRESS 2		RD G	5.7-60 12 MU
	Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to	230	NAME (Type) BURIAL, CREMATION		EOF,	23c NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or	FON I	ounty) (Store)
		1/2	REMOVAL (Specify) FUNERAL DIRECTOR	2 6/10	166	ADDRESS	Kest 250 REG		BLUT- REGISTRAR'S SIGN	NATURE
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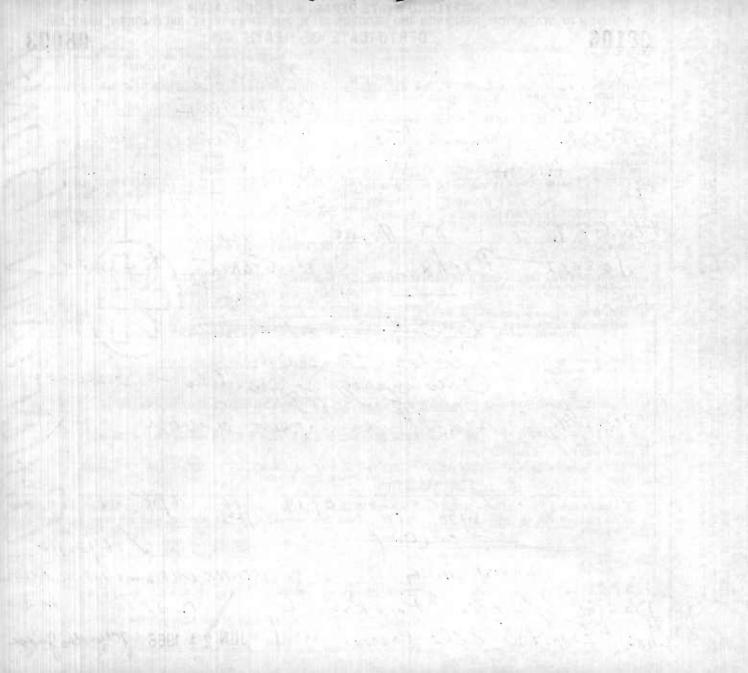


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The low requires that the deoth certificate be executed within 24 hours after deoth. by the funeral Poges 1 and 2 death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission 1. PLACE OF DEATH o. COUNTY Baltimore o. STATE MARYIAND Marvland Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Parkton gears Parkton completely filled in ove carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Parkton, Maryland 21120 none YES NO X 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED (Type or print) James Robert Jones June 13 19 66 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SFX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Male White WIDOWED DIVORCED Sept. 20, 1880 in on attending physician ond permit. Then pleose rem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11, BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY SRICULTURE COUNTRY? U.S.A. Franklin Co., Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Sheller Jones Ann Boyd 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no or unknown) (If yes give wor or dotes of service) cremotion, or 213-28-1467 A Mrs. Kirby R. Gillispie Parkton, Maryland signed by the a buriol-transit pe INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cancer - prostate DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MEDICAL CERTIFICATION NO 0 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) p.m. 21. I certify that (I) (this hospital) attended the deceased fram 6-7 , 19.66 , to 6-13 _, 19.66, that (I) (we) last 19 66 and that death accurred at 52 MaM, fram causes and an the date stated abave. 6-12 saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE STAFF M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Dr. Herbert Mueller Parkton, Maryland 21120 NAME (Type) director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) Bockeysville, Maryland Poplar Cemetery June 16, 1966 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATESUN 17 1966 y Charley Judge 1050 York Rd. Wm. Cook-Brooks Towson Inc.



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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. IRECTOR: After this certificate has been signed be 3 should be detached for use as the burial-tranged with the State Dept. of Health prior to burial, cre-		cause (a), stating the DUE TO Brown days nearly days - Carpenant
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ATT reta reto S sh with		saw the deceased alive Dn 6/20 19 66, and that death occurred at // 4M, from the causes and on the date stated above 22a. SIGNATURE
OR OR		M.D. ATTENDING MEO. STAFF DIRECTOR PHYS. W 6/20/66.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law require Page 4 may be retained by the hospital or attending p TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the bushould be filed with the State Dept. of Health prior to bush	2	BEMOVAL (Specify) 23b. DATE THEREDE 23e. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State)
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	eath	funeral and 2 r death.	1.	PLACE OF DEATH 11.2 HISHAI DESIDENCE (Where decoased lived 15 Institution, De-	sidence before admission
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	des	the at per ation	=	No Mildred V. Kamsch 1421 S. Ro 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	requires that the death certificate be	N.S. E.	19	PART I. DEATH WAS CAUSED BY: Congestive heart failure	ONSET AND DEATH
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	PHYSICIAN:		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Place of Injury) (Country) 4	ty) (State)
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	OR ATTENDING	ECTOR: A 3 should with the		21. I certify that (I) (this hospital) attended the deceased from Nov., 1965, to June 20, 1966	_, that (I) (we) las
	ATT	S Sh		3 are the deceased are on the causes and on the	e date stated above TE SIGNED
	-	NL DIRI page filed		Nived Devictor M.D. ATTENDING IN MED. STAFF 6/20	0/66
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	O HOSPITAL	o FUNERAL director, p should be t		HERBERT J. LEVICKAS 1073 Maiden Choice Lan	4
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BURIAL, CREMATION,

REMOVAL (Specify)

FUNERAL DIRECTO

25b REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR |

23d. LOCATION (City, town or county)

e. IS RESIDENCE ON A FARM?

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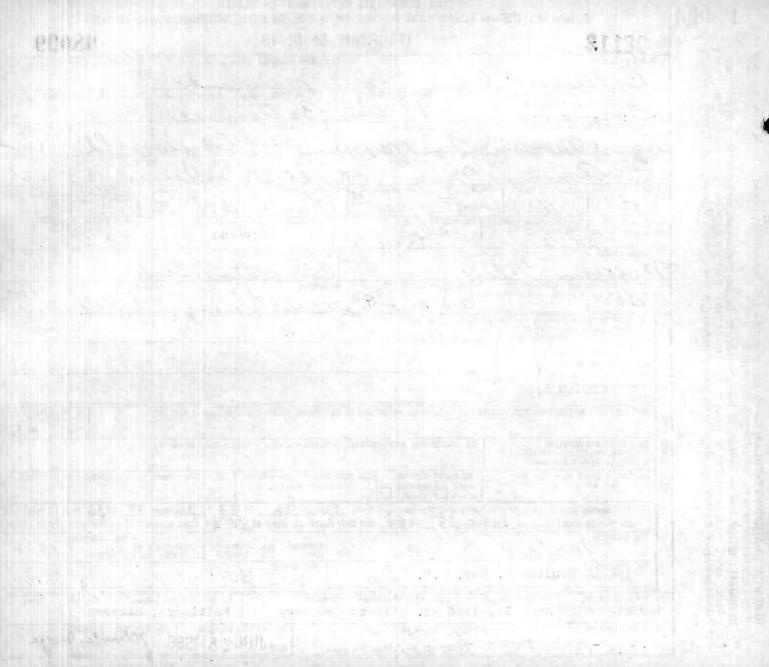
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND ANNE ARUNDET in by the fi ers. Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag write RURAL and give nearest town) 13 DAYS PASADENA FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? physician and completely filled VETERANS ADMINISTRATION HOSPITAL YES NO ROUTE 1 BOX 101B requires that the death certificate be executed within NAME OF DATE Middle Lost Year X Dov DECEASED LOFTIS KEEBLER DEATH JUNE (Type or print) G. 10 IF UNDER 1 YEAR SEX AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED remove lost birthdoy) Months Dovs Hours WIDOWFD DIVORCED WHITE 1896 MATE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? CONSTRUCTION CONSTRUCTION WORKER LITTLE ROCK, ARKANSAS II.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FREDERICK KEEBLER GERTRUDE STRATTON WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL permit. (Yes, no, or unknown) (If yes give wor or dates of service) 289 12 39 16 CLINICAL RECORDS FORT HOWARD, MARYLAND YES INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY PNEUMONIA. RT. UNDET. ORGANISM IMMEDIATE CAUSE (o) DUE TO UNK. Conditions, if ony, which gove LIVER METASTASIS rise to immediate couse (a). DUE TO stoting the underlying couse hos been the UNK. TUMOR, RT LUNG, UPPER LOBE, UNSPECIFIED TYPE lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CARCINOMA OF PROSTATE. PULMONARY EMPHYSEMA YES IX NO O FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18,) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INITIRY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased from May 28 saw the deceased glive on June 10, 19 00, and that death as 66 to June 10 , 1966, that (X) (we) last be retoined 19 66, and that death accurred at 45 p.M. fram causes and on the date stoted above. saw the deceased alive on. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** 6 11 66 DIRECTOR M.D. PHYS director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NEILSON, M. D NAME (Type) NEILON VET. ADM. HOSP., FT. HOWARD, MARYLAND 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BIREMOVALT(Specify) 5/66 BALTIMORE NATIONAL BALTIMORE. MARYLAND 24. FUNERAL DIRECTOR ECOL Wolverton Funeral Home VR A15 (4) 20 M 1/66 6316 Belair Rd DATE Baltimore, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY a STATE. b. COUNTY Poge of death. MARYLAND CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and after (Depart d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Give Poges YES NO X after death. 3 NAME OF 4. DATE Month Dov Year DECEASED (Type or print) 19 66 DEATH SEX 7. MARRIED DATE OF BIRTH (In years IF UNDER 24 HRS. last birthday) Months Days dest, 28 1723 DIVORCED WIDOWED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY onv pages in ony 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT be executed (Yes, na, ar unknawn) [If yes give war ar dates af service] 2 18-14-5836 removal 1B. CAUSE OF DEATH (Enter only one cause per line for (o) (a) and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 IMMEDIATE CAUSE (a) word s o burial-tra cremation, shauld DUE TO Conditions, if ony, which gave rise to immediate cause (o). DUE TO certificote stoting the underlying couse writing 05 burial, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate, 0 20g. FXTFRNAL CAUSE WAS 20b. DESCRIBE HOW noture of injury in Part I ar Port II of item 18.) agent, prior 3 should PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 201 (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) While O FUNERAL DIRECTOR: Page at wark at wark designoted 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 7 Inquiry D and in my opinion death resulted fram: Natural causes Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY funeral Heolth or DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) O Affiles Bush Stylkowada costu 23a BURIAL, CREMATION 23b. DATE THEREOI NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Toy REMOVAL (Specify) awn ADDRESS 2Sb. VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death completely filled in by the funeral ove carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE b. COUNTY ve carban papers. Pages I event, within 72 hours after MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carporate limits. c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn EARS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) NO TA 3. NAME OF Middle DATE Doy Year DECEASED (Type or print) OF DEATH IF UNDER 1 YEAR S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Manths Davs Haurs WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10g. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Maryland please, and 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remava 16. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 0 crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUF TO burial, Conditions, if ony, which gove rise ta immediate cause (a), **DUF TO** stating the underlying cause priar to as the last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION far use NO YES 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While OR ATTENDING at wark at wark 21. I certify that (I) (this hospital) attended the deceased from May 26, 1953, to June 25, 1966 that (I) (we) last saw the deceased alive an June 25 1966, and that death accurred at 2,054M, from couses and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR director, page 3 shauld be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Newland E. Day, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION. BURSMOYAL (Specify) Baltimore, Maryland June 28. 1966 Mt. Olivet Cemetery 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1050 Yoffer Road 2Sa. REC'D BY REGISTRAR Wm. Cook-Brooks Towson 20 M 1/66 Towson 4, Maryland



ADDRESS

George A. Weber 705 South Ann Street

2Sq. REC'D BY REGISTRAR

1966

2Sb. REGISTRAR'S SIGNATURE

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VR A15 (4) .(20 M 1/66 24. FUNERAL DIRECTOR

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	IARYLAND
1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f institution: R a COUNTY Baltimore County MARYLAND 2. USUAL RESIDENCE (Where deceased lived, 1f institution: R b. COUNTY Way land Dull were	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Wilson C. LENGTH OF STAY IN 1D C. CITY OR TOWN (If outside corporate limits, write RURAL Baltimore 28	and give nearest town
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Mount Wilson State Hospital On Name of Hospital d. STREET ADDRESS Tog Virginia Ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Last 4. DATE Month OF OF DECEASED (Type or print) John William KELLY DEATH 6	0ay Year 27 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years FUNDER Months WIOOWED DIVORCEO 6. 19. 8. 9. AGE (In years FUNDER Months WIOOWED WIOOWED W	1 YEAR IF UNDER 24 HRS Deys Hours Min.
Handy man Baltimore, Mary bud Co	U S
13. FATHER'S NAME Edward J. Kelly Annie Archibald	
15. WAS DECEASED EVERTNUS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Security No. or unhown) (If yes give war or dates of service) NOME Hosp. Records, Mt. WilsonSt.	Hosp.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Q eneral used Arteriose Cerosis 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Port 1 or Port II of Item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMEO? YES NO X
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (Coursell Hour a.m. While Not While 20f. (City or town) 2	
saw the deceased alive on 6.27. 19.66, and that death occurred at 4.5 M, from the causes and on the causes and on the causes are caused alive on 122a. SIGNATURE	that (1) (we) las he date stated above ATE SIGNEO
M.D. ATTENOING MED. STAFF DIRECTOR PHYS. G. 22t. PHYSICIAN'S NAME (Type) Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland	~/.00
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or countries of the contribution of the countries of the	land
Milip Herurg Sons Orleans et DATE JUL 1 1966 golon	les Judge

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Hosp, Records, Mt. Bilganot, Robin.

HIR CAPACITY OF THE PARTY OF TH

hm. Resconcy, M.B., Superintendant court Wilson, Maryland

1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	RYLAND
FOR STATE	08115 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	102
HEALTH DEPT.	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Res b. COUNTY	idence before admission)
to the funeral to 5 may be to 5 may be to Department after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	nd give nearest town)
is rieco	d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
Page Page State	3. NAME OF FIrst Middle Last 4. DATE Month	YES NO
PM3.	(Type or print) IRMA A KRAFT DEATH June	5 1966
after death. If any delay is Give Pages 1, 2, and 3 to one with form PM3. Page s 1 and 2 with the State I any event within 72 hours a	, talk that days	YEAR IF UNDER 24 HRS. Days Hours Min.
with Mith	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT
alfanger 18. Grant pages 1 in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	, 2,61
24 ho n Item Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)	
within 2 pencil in miner's permit. removal.	230-52-1905 Trang Schreck 818 Martin	Ad.
ted w in pe Examil sit pe or re	18. CAUSE OF DEATH [Enter only one cause per line for (d), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
"pe executed "pending" in if Medical Exan burial-transit cremation, or i	Conditions, If eny, which DUE TO A-S-C-V-1 DISEASE	
uld be d "pe ef Me a buri	cause (a), stating the DUE TO	
ficate sho the wor the Chi or used as to burial	(0)	19. WAS AUTDPSY PERFORMED
ficate the o the used to b	11/12	YES NO
s certi vriting rded t uld be uld be	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	`
CAL EXAMINER: This certificate should be executed within 24 hours the certificate, writing the word "pending" in pencil in Item 18 that consider the Chief Medical Examiner's Office all ar files. ECTOR: Page 3 should be used as a burial-transit permit. File page designated agent, prior to burial, cremation, or removal, and in a second consideration of the constant	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20g. RLXCE of Natury (Home, farm, fawfory, Street, office bldg., etc.) (Coun fawfory, Street, office bldg., etc.)	(State)
ertification of the page lated	p.m. 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my opinion
EXA he ce shoul files. TOR:	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
MEDICA xecute to Page 4 for your L DIRECTOR OF Its do	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER (27. DATE SPONED
E @	EXAMINER'S M.B. DAVIS M.D (8 Kaross Astroph. Langelowh. Low -)	Justin
IO DEPUTY please edirector. retained TO FUNERIO of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, Jown or countries of Children Forge	(State)
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REDISTRAR 25b. REGISSMAR'S	SIGNATURE
VR A15ME 3500 4-64	Connelly Sons 300 Mace Une. Selle 21 JUN 7' 1966 Jolianles	Judge

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE Md. Baltimore MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag thin 72 hours a Rural - Baltimore 7 Rural - Balt. 7 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled 3312 Mayfair Road 3312 Mayfair Rd. YES NO. corbon W 3. NAME OF Middle Lost 4. DATE First Doy Year DECEASED Anna Kretzschmar (Type or print) DEATH IF UNDER 24 HRS. June 27
ors IF UNDER 1 YEAR S. SEX AGE (In years lost birthdoy) 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Doys Hours White WIDOWED 😿 DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Operator INDUSTRY COUNTRY? Bell Tel. Co. Baltimore
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remavol Break Clark Unknown 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Ves, no, or unknown) (If yes give wor or dotes of service) 15-09-4 Mr. Richard J. Kretzschmar-3312 Mayfair 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c).) burial-tronsit PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ DUE TO Conditions, if ony, which gove rise to immediate couse (o), **DUE TO** stoting the underlying couse be retoined by the hospitol or ottending **DIRECTOR:** After this certificate hos been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram_ 19 (1) (we) las saw the deceased alive an_ 19 66, and that death accurred at 100 M. fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Dr. Elliott Johnson 3432 Frederick Ave. Baltimore director, should b 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Baltimore National REGISTRAR 256 REGISTRAR'S SIGNATURE 9 Burial 25o. REC'D BY REGISTRAR Ocharles Loring Byers-8728 Liberty Rd. Randallstown 20 M 1/66

O 2 1 1	7	MED	ICAL EXA	WINER'S	CERTIFICATE	OF DEATH	()	8104	
o. COUNTY	Baltimore	2		MARYLAND	2. USUAL RESIDENCE o. STATE Mary1	(Where deceosed live	d, if institution: Re b. COUNTY	sidence before	odmission)
b. CITY OR TOWN	(If autside carparate limit	s,	c. LENGTH OF S	TAY IN 1b	c. CITY OR TOWN (If	outside corporote limi	ts, write RURAL one	d give neorest	town)
	Essex				Essex	,		03-1	1
	PITAL OR INSTITUTION (If no		•	s)	d. STREET ADDRESS			е.	IS RESIDENCE ON A FARM?
		bocken			1612			ıd, YE	
3. NAME OF DECEASED (Type or print)	Gloria		A. Middle	Kuge1	Last	4. DATE OF DEATH	June	20 Doy	Year 1966
S. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MA		8. DATE OF BIRTH		(In years IF UN birthdoy) Mont		Hours Min.
10o. USUAL OCCUPATI during most of working	ON (Give kind of work done ng life, even if retired)		IND OF BUSINESS (OR	Grant Co	unty. W	e. IS RESIDENCE ON A FARM? YES NO Month Doy Year June 20 1966 (In years birthory) 7 Yrs. Va. 12. CITIZEN OF WHAT COUNTRY? de Davy. Address Baltimore. Md. Sive attack PART 1(a) PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO item 18.) or town) Inquiry , ond in my opinion permined manner		
13. FATHER'S NAME Lou:	Louis Cosner 14. MOTHER'S MAIDEN NAME Louella Gertrude Davy.								
1S. WAS DECEASED E (Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give wor or dotes or	of service) 16.	SOCIAL SECURITY			e Ours.		ore. I	Md.
	DEATH (Enter only one cou	se per line for	(a), (b), and (c).)						
	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Dr	owning]	presum	ably durin	g convuls	sive att	ack	T AND DEATH
929		Ta Br	ain tumo	or (gai	nglio-glio	ma) left	tempora	.1	
Conditions, if or rise to immedi		(b)							
stoting the und	derlying couse	(c)							
PART II OTHER	SIGNIFICANT CONDITIONS C		TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE (ONDITION GIVEN IN P	ART 1(a)	1 19. V	WAS AUTOPSY
200. EXTERNAL PRIMARY Or CALISE OF DEATH								P	PERFORMED?
20o. EXTERNAL		20b. DE	SCRIBE HOW INJU	RY OCCURRED.	(Enter noture of injury	n Port I or Port II of	tem 18.)		lund .
CHOSE OF DEATH	CONTRIBUTING 🗆 (.	0	Collapse	ed in b	athtub				
20c. TIME OF I	NJURY Month, Day, Year Mink 6/19 19	66 While of work	Not While	20e. PLA food	CE OF INJURY (Home, fo ory, street, office bldg., e	rm, 20f. (City Essex			,
21. I cert	ify that I took charg	e of the rer	moins describe	d obove, he	ld an Autopsy X	, Inspection], Inquiry [, ond i	in my opinio
death resu	ulted fram: Natura	ol causes [], Accident	X, Suic	ide 🔲, Hamicio		mined manner	r 🔲	
	/	000	Lul.	0		AL EXAMINER K		22	DATE SIGNED
ACTUAL	(IF , 00)		1011111	Land Control of the C	M.D. ASSISTANT N	EDICAL EXAMINER			
SIGNATURE	Cusself	00	2-00 0				June	20. 19	00
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Mussell S	Fich	or M.D		DEPUTY MED	ICAL EXAMINER eet, city, town, or cour	June	20, 19	00

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 08118 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o COUNTY o STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC hours ON A FARM? 2704 Berwick Ave. Joseph's Hospital NO X 3. NAME OF DATE Lost Month DECEASED June heresa Kummed 66 (Type or print) DEATH DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) June 27. 1875. DIVORCED 11. BIRTHPLACE (State or foreign country) 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired)

Housewife USA Maryland

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME certificate should be executed within John Koenig Margaret Hutzler File 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, grunknawn) (If yes give war or dates af service removal, (Same) Miss Beatrice Kummel 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), app INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20o. EXTERNAL CAUSE WAS prior 3 should PRIMARY ar CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home farm, 20f. (City or town) (County) Hour o.m. Nat While foctory, street, office bldg., etc.) at wark 21. I certify that I took charge of the remains described above, beld an Autapsy Inspection ... Inquiry [and in my opinian death resulted Paro Natural causes 1. Accident -Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Charles F. O'Donnell Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION (County) 0 REMOVAL (Specify)
Burial Holy Redeemer Cemetery Baltimore, Md. ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Marley Ruck Inc Baltimore, Md. DATE JALA

COLUMN TO THE PERSON OF THE PARTY OF TAXABLE PARTY OF TAX o"Avenuque delucation (Annual colutes sell The control of the co Turken | Carlos | Car SOUTH TO MAKE THE LINE AND ADDRESS OF THE PARTY OF THE PARTY.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08120 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death pup 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY PRINCE GEORGE BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 74 DAYS LAUREL FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE and completely filled in ON A FARM? ROUTE 2, BOX 198 VETERANS ADMINISTRATION HOSPITAL YES NECT withi NAME OF First Middle Lost 4. DATE Month Year DECEASED 19 66 JUNE JOSEPH H. LAMMERS DEATH (Type ar print) IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove 50st birthdoy) Hours 3/23/10 MALE WHITTE DIVORCED X WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (Caunty & State, or foreign cauntry) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) IRON INDUSTRY LAUREL, MARYLAND IRON WORKER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ANNA OTTEN HENRY LAMMERS 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, arunknawn) (If yes give war or dotes af service) 216 10 91 56 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) MONTHS burial-tronsit PART I. DEATH WAS CAUSED BY: SEPTICEMIA IMMEDIATE CAUSE (o) signed by DUE TO UNKNOWN RECURRENT BRONCHOPNEUMONIA Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause CHRONIC BRAIN SYNDROME DUE TO ALCOHOLISM UNKNOWN hos been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) detached for use e Dept. of Health LAENNEC'S CIRRHOSIS OF LIVER NO K 10 FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (Stote) Not While factory, street, affice bldg., etc.) at work 3/25/66 6/7/66 . 19___, that (\mathbb{f} (we) lost 21. I certify that (\$\infty\$ (this hospital) attended the deceosed from. 19 19 , and that death accurred at 1:08 m, fram causes and an the date stated above. saw the deceased alive on 6/7/66 22b. DATE SIGNED 220. SIGNATURE ATTENDING ecrel & M.D. DIRECTOR PHYS. director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S VAH FORT HOWARD, MARYLAND LAWRENCE F. AWALT, JR., M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) 23a. BURIAL, CREMATION 23b. DATE THEREOF ST MARY'S CATH. CH. CEMETERY, LAUREL, MARYLAND DONALDSON FUNERAL HOME 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) LAUREL, MARYLAND

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MAN	MARYLAND STATE DEPAR DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301	₹TMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	08121 CERTIFICATE O	
	a. CDUNIY	USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE b. CDUNTY
ŀ	Baltimore MARYLAND b. CITY DR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b c. C	Maryland CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
۱	write RURAL and give nearest town)	Baltimore 30 4
l		STREET ADDRESS e. IS RESIDENCE ON A FARM?
١		I6 W. University Pky. YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) ETTA M. LASSAHN 5. SEX 6. CDLDR DR RACE 7 MARRIED NEVER MARRIED 8. OA	DEATH June 23 1966 19 ATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
	The same of the sa	last birthday) Months Days Hours Min.
	10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 111.	t 22, I888 77 yrs. 12. CITIZEN OF WHAT COUNTRY?
1	during most of working life, even if retired) INDUSTRY Housewife	Baltimore Md.
-	13. FATHER'S NAME 14.	
	Herman Wirsing	Rose Ermold
ľ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYND. 17. INFORCES, no, or unkown) (If yes give war or dates of service)	RMANT Address
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I	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
I	4221 DUE TD 1 1 10 1	0-11100
	Conditions, If any, which gave rise to Immediate (b)	- Verelow - Vasculer Al 15 grs
۱	cause (a), stating the underlying cause last. (c)	
	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	FICA	YES NO
	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY DOCUMENTS. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DOCUMEND. (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of Injury in Part f or Part II of Item 18.)
	Hour a.m. While Not While factory, stre	FINJURY (Home, farm, reet, office bidg., etc.) 20f. (City or town) (County) (State)
	p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from	10 1965 to June 13, 1966 that (1) (40) las
	saw the deceased alive on www 1966, and that deat	1 13 10 110 110 110 110
	22a. SIGNATURE	TTENDING MED STAFF
	M.D. PH	TTENDING MED. DIRECTOR DIRECTOR PHYS. D 6/76/66
	NAME (Type) Charles E. Carr, Jr., M.D.	3900 N. Charles Street 21218
	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY DR C	CREMATORY 23d. LDCATION (City, town or county) (State)
	Burial 6/27/66 Loudon Park Cem	Balto, Md.
	24. FUNERAL DIRECTOR Lassahn Funeral Home 740I Belair Rd.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Tariot at nome 1401 peratt. Md.	DATE JUN 29 1966 Johnstey Judge

Feb 10 65 June 13 66

Convient C. Care, Jr., N.C. | 3900 J. Charles Strong | 24245

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funeral 1 and 2 ter death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH within 24 haurs after dea a. COUNTY a STATE b COUNTY MARYLAND BALTIMORE MARYI AND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) 4 DAYS BALTIMORE FORT HOWARD d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 2038 NO. BENTALOU STREET YES NO X VETERANS ADMINISTRATION HOSPITAL etely f arban 3. NAME OF Middle 4 DATE First Lost Month Dov Year DECEASED LAWS (Type ar print) ARLE DEATH JUNIO 19 executed IF UNDER 1 YEAR S. SEX 7. MARRIED XX AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH birthday) Months Days Hours MAY 25, 1899 dny MALE NEGRO WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR and in reavires that the death certificate be physician a U.S.A. during most of working life, even if retired) INDUSTRY ACCOMAC COUNTY. VIRGINIA BARBER SHOP BARBER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, WILLIE ANNA KELLIN AUGUSTUS LAWS 17 INFORMANT 1s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor ar dotes af service) 219 32 0637 CLIN. REC. VET. ADM. HOSP. FT. HOWARD, MD. WW-1 YES INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: RUPTURED ABDOMINAL AORTIC ANURYESUM IMMEDIATE CAUSE (a) by DUF TO HYPERTENSIVE VASCULAR DISEASE YEARS Conditions, if ony, which gove rise ta immediate cause (a), DUF TO stoting the underlying couse has been prior ta last. 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION certificate for 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) by the hospital OR CONTRIBUTING CAUSE OF DEATH tached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Month, Doy, Yeor O FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) Not While of wark ATTENDING ot work 19 66, to June 12, 19 66 that (X (we) lost 21. I certify that (X (this hospital) attended the deceased from June 8 sage 3 shauld I be retained saw the deceased alive on June 12 1966, and that death occurred 100 p. M, fram causes and on the date stated above. 22b. DATE SIGNED 22a, SIGNATURE STAFF PHYS. ATTENDING 6 13 66 M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VET. ADM. HOSP., FT. HOWARD, MARYLAND JOHN D. TALBERT, M. D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) BUR LAL BALTIMORE NATIONAL BALTIMORE. MARYLAND 2Sq., REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Arlington S. Phillips VR A15 (4) 1727 Monree St. 20 M 1/66

Baltimore, Md.

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C. Tronger, Maryland

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) files. a. COUNTY e. STATE -b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR T outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Middle River (201) Middle River (20) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 109 Selfridge Rd. 208 Kingston Rd. YES NO W Stat 3. NAME OF Middle Month DECEASED (Type or print) DEATH CATHERINE ELTSE. LEONARD June 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers HF UNDER I YEAR) IF UNDER 24 HRS last birthdey) Months Deys WIDOWIN DIVORCED Nov. 10, 1908 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired Baltimore, Md. USA Kitchen Helper Restaurant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna ? James Kriss 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mae Cressin 208 Kingston Rd. Ralto., Md. 21221 216 12 2427 18. CAUSE OF DEATH [Enter only one cause penline for (e), (b), end (c).] ONSET AND DEATH of letenus - Cenuix c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Mota stasis Conditions, if any, which (b) gave rise to immediate ceuse DUE TO Se (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION be PERFORMED? NO I writing the v B Chief Medi Page 3 shoul (Enterneture of injury in Pert I or Pert II of item 1B.) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection and in my opinion Homicide Undetermined manner death resulted from: Natural causes Accident Suicide CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER ACTUAL lease execute should be for FUNERAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 6 NAME (Type) M. B. Davis. M.D. 6800 Mornington Rd. Balton, Md. 21222 June 30, 1966 DEP 220, BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Belair, Maryland 40 T Belair Memorial Gardens Buria 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME Funeral Home 1407 Eastern Ave. #21 5M 1/62

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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H. B. Cavas, M.D. 6800 Moreinetten ad. Helter, Ed. 21222 June 30, 1966

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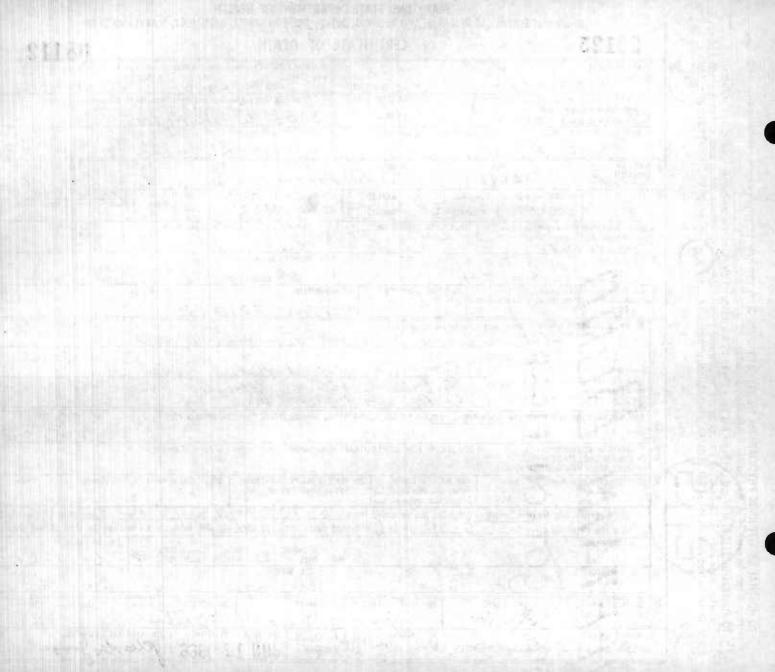
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	requires that the death certificate be executed within 24 haurs after death physician. signed by the attending physician and campletely filled in by the funeral signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages, I and 2 burial, crematian, ar removal, and in any event, within 72 haurs after death a burial, crematian, ar removal.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) AND ALLS TO W. d. NAME OF HOSPITAL OR INSTITUTION (If nat in h	c. LENGTH OF STAY IN 16	3505 WAShi	imits, write RURAL and give n	1e.03-1
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	ING PH by the I ter this be deta tate De	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	While at wark of work facto	ry, street, office bldg., etc.)	ity or town) (Count	
	TTEND rained the STOR: Afthe Sthrage		21. I certify that (I) (this haspital) saw the deceased alive an 220. SIGNATURE	aftended the deceased fram	death accurred ay/2.45 M, f	rom causes and an the	date stoted above
	L OR A be ref DIREC age 3 s illed wi	8	22c. PHYSICIAN'S	Juga M.D	ATTENDING MED. PHYS. DIRECTOR DIRECTOR DIRECTOR	SIAFF C	-14-66
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar ta	230	NAME (Type) . DE	Joya 23c. NAME OF CEMETERY OR C	BALTIMORE C	OLLNTY GEN ION (City or Town) (C	
	To House of the Page	1	REMOVAL (Specify) FUNERAL DIRECTOR	o Herry	Run Bo	2Sb. REGISTRAR'S SIGI	before admission) TIMORE nearest town) I O O O O O O O O O O O O O O O O O O
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08126 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Baltimore o. STATE Maryland o. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstown 1 Day Rockdale 21207 filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? papers. Baltimore County General Washington Ave. NO K NAME OF First Middle 4. DATE Doy Year carban campletely DECEASED 12 1966 June George Little DEATH (Type or print) event. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH of birthdoy) Months Hours White Male Feb. 19,1886 WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** physician sen please and Retired
13. FATHER'S NAME Mail Clrk. Maryland Postal 14. MOTHER'S MAIDEN NAME remayal. Ella George W. Little Peregoy 17. INFORMANT
Hazel Harris 3725 Washington Ave. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) permit. 10 No ION. 1B. CAUSE OF DEATH (Enter only ane cause per line far (g), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO signed marrie 9. I . bledene burial. Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? has State Dept. of Health YES NO. this certificate ō 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram_ 6-66, 19.66 to 19 66 that (I) (we) las 19 (a.C., and that death accurred at 1145PM from causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE ATTENDING DIRECTOR M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) REMOVAL (Specify)
Burial Woodlawn Ba 2 June 16.66 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR John T. Stansbury 6411 Windsor VR A15 (4) 20 M 1/66 Ocharles Mill 1966

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08127 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY o. STATE Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 20 Minutes Baltimore Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMA 610 Claymont t Avenue Veterans Administration Hospital 3. NAME OF Middle Lost 4. DATE Month Dov Year DECEASED JOHN MICHAEL LOSKARN OF DEATH 1966 19 JUNE (Type or print) S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED X 1/10/01 DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Shipping Foreman COUNTRY?U.S.A. ACME MARKETS Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Luckart George Loskarn 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wat or dates of service) 212-07-02-148 17. INFORMANT Clin. Records, VA Hospital, Fort Howard, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: CARDIO RESPIRATORY FAILURE IMMEDIATE CAUSE (a) _ DUF TO (b) LAENNEC'S CIRRHOSIS WITH SEVERE ANEMIA UNKNOWN Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO YES -20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) Not While ot work 21. I certify that /// (this haspital) attended the deceased fram June 19, 1966, to June 19, 1966, that /(1) (we) last saw the deceased alive an June 19 1966, and that death accurred at 7:50 mm fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. 6/19/66 M.D. 22d. ADDRESS 22c. PHYSICIAN'S VAH. Fort Howard, Maryland Abdul S. Qureshi, M.D. NAME (Type) director, should be 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) June 23. 1966Louden Park Cemetery Baltimore, Maryland 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Dippel Brothers Inc. Baltimore, Maryland 25o. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Minereles Judge DATE JUN 2

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 haurs after death. by the funeral Pages 1 and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY, OR TOWN (If outside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) 22yr2mth23dys Baltimore e and campletely filled in by e remave carbon papers. in any event, within 72 hau e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) SPRING GROVE STATE HOSPITAL 1326 Poplar Grove Street YES 🗍 NO F 3 NAME OF Middle Last 4. DATE Month First Doy Year DECEASED Lee Shau 22 1966 Lung DEATH June (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SFX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years NEVER MARRIED dast birthdoy) Days Hours 1875 male Chinese WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & Stote, or foreign cauntry) during mast of working life, even if retired) INDUSTRY COUNTRY? please physician and icate laundry China China 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pny remaya requires that the death tert unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) ((If yes give war ar dates of service) unknown SPRING STATE Records: GROVE HOSPITAL unknown ION, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) cremati burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombosis IMMEDIATE CAUSE (o) by physician. 4201 DUE TO burial Arteriosclerotic cardiovascular disease Canditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying cause prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO YES 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH d. detached (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) 20c. TIME OF INJURY Manth, Day, Yeor factory, street, office blda., etc.) Not While at wark ot wark 21. I certify that (this haspital) attended the deceased fram March 29 19 44 to June 22 . 19 66 that (1) 1648) last shauld saw the deceased alive an June 22 19.66, and that death accurred at M. fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE wachste Stella 6-22-66 DIRECTOR M.D. PHYS. 22d ADDRESS SPRING GROVE HOSPITAL STATE 22c. PHYSICIAN'S directar, pa shauld be f Stella Wachsler. M.D. NAME (Type) Baltimore, Maryland 21228 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (Stote) REMOVAL (Specify) 8/6/66 Sykesville. New Freedom Md. ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Haight Funeral Home, Rt. 32 at Grandview DATEJUL 1966

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND Maryland Baltimore 545 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporata limits, write RURAL and give nearast lown) write RURAL and give nearest town! 13 yrs. Baltimore hours after Towson d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Stella Marids Hospice 510 Cathedral Street completely papers. 3. NAME OF Middle 4. DATE Month 72 DECEASED OF (Type or print) DEATH 19 66 Elizabeth Lynch June 16 within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) death certificate be and Months WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Jefferson C., W. Virginia Telephone Operator YMCA U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME De Frances Cromwell George Lynch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) Stella Maris Hospice Towson, Md. 21204 the 18. CAUSE OF DEATH [Enter only one cause per line for late. INTERVAL BETWEEN (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) WEDL While Not While Hour a.m. at work at work TOR: Sept. 19.60 to June 16, 19.66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... 1966 and that death occured a 208Mfrom the causes and on the date stated above. saw the deceased alive on.... 22a. SIGNATURE 22b. DATE ATTENDING DIRECTOR TO PHYS. PHYS. M.D. death. Page 4 page with t 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 602 E. Joppa Road J. Mahon Robert rector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 238. BURIAL, CREMATION, 236. DAJE THEREOF REMOVAL (Specify) OI EM JALTIMORE 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 24 hours after death. and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. STATE Maryland o. COUNTY b. COUNTY Baltimore Baltimore MARYLAND c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparote limits. write RURAL and give nearest town) 5½ years Baltimore Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)
AUDSBURG Lutheran Home
BUIL Campfield Road filled in I d. STREET ADDRESS e. IS RESIDENCE ON A FARM? and in any event, within 72 YES NO V 48 Dunvegan Road 3. NAME OF Middle 4. DATE carbon **First** Last Month Year DECEASED Florence Estelle MacNeil June 66 (Type ar print) DEATH requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remave lost birthdoy) Months Dovs Hours White Female Jan. 2. 1875 WIDOWED DIVORCED ond 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Baltimore, Maryland Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal. Caroline Snyder John H. Cole 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Campfield Road 21207 Hauer. 6811 (Yes, no, or unknown) (If yes give wor or dates of service) 212-12-9820 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by DUF TO burial, Conditions, if any, which gove rise to immediate cause (a), DUE TO as the prior to t stating the underlying couse Page 4 may be retained by the haspital ar attending last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? O FUNERAL DIRECTOR: After this certificate has of Health NO b 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Haur a.m. Nat While factory, street, affice bldg., etc.) While at wark ot work 21. I certify that (1) (this haspital) attended the degeased fram Orio 19 W11, 10 19.66 that (I) (we) last 1966, and that death accurred at 3,50 M fram causes and an the date stated/abave. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING director, page 3 shauld be filed v DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH executed within 24 hours after death. funer and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY by the fages 1 urs after Baltimore County MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pagnin 72 hours Mount Wilson .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM Mount Wilson State Hospital YES NO L and completely tremove carbon prans event, within NAME OF Last DATE Month Day Year DECEASED OF (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED physician and in val, and in = 1Da. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY during most of working life, even if retired) COUNTRY? certificate be FATHER'S NAME attending phy ermit. Then p in or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attenctransit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT death (Yes, no, or unkown) (If yes give war or dates of service) Records Mt. Wilson State Hospitald NO Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). or attending physician. signed burial. burial Conditions, if any, which been gave rise to immediate cause (a), stating the underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate CERTIFICAT NO the hospital 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. JESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) tached f 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (State) 2Dc. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) be de State factory, street, office bldg., etc.) Hour a.m. After Id be d Not While at work p.m. at work retained DIRECTOR: A age 3 should lied with the 3 21. I certify that (I) (this hospital) attended the deceased from from the causes and on the date stated above. saw the deceased alive on. and that death occurred at I 22a, SIGNATURE DATE SIGNED 22b. MED. 44 page ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS. Page 4 may O HOSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS director, p NAME (Type) Wm. Newcomer, M.D., Superintendent Wilson. Mount Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 REMOVAL (Specify) June 27, 1966 Cedar Hill Crematory Suitland Cremation Maryland 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Robert A. Pumphrey Bethesda, Maryland VR AI5 (4) DATE 20M 1/65

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ENDIN	ined by Aft Aft ould bould by the St	S	21. I certify tha	t (I) (this hospital	attended the dece	ased from		,	-> 9 , 19 d	the date stated above.
DR ATT	be reta		saw the decease 22a. SIGNATURE	ed alive on.	P		death occurred at	MEO STA	22b.	DATE SIGNED
PITAL (Page 4 may be retained by FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat		22c. PHYSICIAN'S NAME (Type)	Larrance M	. Serra, M.	D. M.D.	22d. AOORESS	use St. B	alto. Md	1. 21202
TO HOSPITAL	Page 4 may be retaine 'O FUNERAL DIRECTOR: director, page 3 shoul should be filed with th	232	BURIAL, CREMATION			E OF CEMETERY			(City, town or co	ounty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Baltimore a. STATE / aruland b. COUNTY Baltimone MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Louson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADORESS e. IS RESIDENCE ON A FARM? 24 Dulaney-Towson Nursing Home 405 Georgia Court YES T NO C The law requires that the death certificate be executed within NAME DE Middle DATE Month Year Last DECEASED June 5. Robert Martin. (Type or print) DEATH 19 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS and co 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED # Male OIVORCED [physician an please reval. .= 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Engineer- Retired lectric Kentucku Western 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Florence Robert Janette Martin (innamond burial-transit permit. burial-transit permit. burial, cremation, or re 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Georgia St., Towson Lizabeth Amos. Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tra-**DUE TO** Conditions. If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? NO P PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) etached f Dept. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from... 1963, to June 5, 1966, that (1) (we) last shoul 19 66, and that death occurred at 41 M. from the causes and on the date stated above. saw the deceased alive on June 3 sh 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING PHYS. MEO. OIRECTOR N June 8. conara Page 4 may PHYSICIAN'S AOORESS director, p York Rd., Towson, NAME (Type) Leonard Jurton Gaines. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) emeteru REC'O BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

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3.	NAME OF DECEASED (Type or print)	JO:	rst HN	Middle P.		Lost MC CORMICK	4. DATE OF DEATH	Month	Doy 5	Year 19 66
ò.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MAR		. DATE OF BIRTH	9. AGE (In			UNDER 24 HRS.
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13	FATHER'S NAME	X	<u>GRC</u>	DERY STO	JRE	BALT TMORE, 14. MOTHER'S MAIDEN	NAME		U.S.A.	
	MICHAEL	MC CORMICK				ANNIE	T. PARRY			
15 (Y	es, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of WW II	of service) 16.	SOCIAL SECURITY N		IN. RECORDS,	VA HOSPIT	Address	HOWARD,	MD.
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	21. I cert	ify that (this ha	spital) atten 6/5/66	ded the decea	sed fram , and that	death accurred at	19	causes and		(N) (we) lastated above
	22a. SIGNATURE	(cher)	fus	an,	J.M		MED. ST DIRECTOR PH	AFF HYS. 3E	22b. DATE SIGNED 6/5/66	
	22c. PHYSICIAN NAME (Typ		JUVAN,	M. D.		VAH FORT	HOWARD, 1	MARYLAN	ND .	1,1110
23	o. BURIAL, CREMAT REMOVAL (Specifi BURIA			23c. NAME OF		TH		ORE, M	(County)	(Stote)
2	4. FUNERAL DIRECT	OR	MM	COOK BRO	OOKS IN		D BY REGISTRAR		RAR'S SIGNATURE	Leen

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08135 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) deloy i. o. COUNTY b. COUNTY Mary Kallsmore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M3. write RURAL and give nearest town) Rodgers Forge Rodgers Forge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Office olong with form hours ON A FARM ROUBELS 1029 in Item 18. Give Poges ote YES NO X 3. NAME OF First Middle 4. DATE 5 within 72 DECEASED NORMA the SHANE une (Type or print) DEATH with S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost inthoy) Months Jan. 25, 1891 White WIDOWED DIVORCED and 2 v 2 10o. USUAL OCCUPATION (Give kind of work done 10h. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Bal timore, Md. 14. MOTHER'S MAIDEN NAME d 'pending'' in pencil in Chief Medicol Examiner's Homemaker 13. FATHER'S NAME James H. Roberts Florence A. Moore and 8 Jakiery Road IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service removol Dr. James R. McShane Reading Pa. 19601 TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit seleration Carlos Vascular ONSET AND DEATH ō IMMEDIATE CAUSE (o) writing the word cremation, Disease DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse forwarded lost 05 buriol PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION the certificate. NO agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Nat While moy be retained for your FUNERAL DIRECTOR: Poge ot work pleose execute of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry [ond in my opinion Notural couses Accident deoth resulted from: Suicide . funerol director. Homicide Undetermined monner CHIEF MEDICAL EXAMINER 2. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 moy be 1 TO FUNERAL Health or i Werner U. Spitz, DEPUTY MEDICAL EXAMINER **EXAMINER'S**

23c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

Address (Street, city, town, or county)

2So. REC'D BY REGISTRAR

DATE MALE

23d. LOCATION (City or Town)

Baltimore, Maryland

25b. REGISTRAR'S SIGNATURE

VR A15ME (5)

NAME (Type)

23o. BURIAL CREMATION

24. FUNERAL DIRECTOR

23b. DATE THEREOF

6/24/1966

hours ofter death.

24

be executed within

This certificate should

TO DEPUTY

the

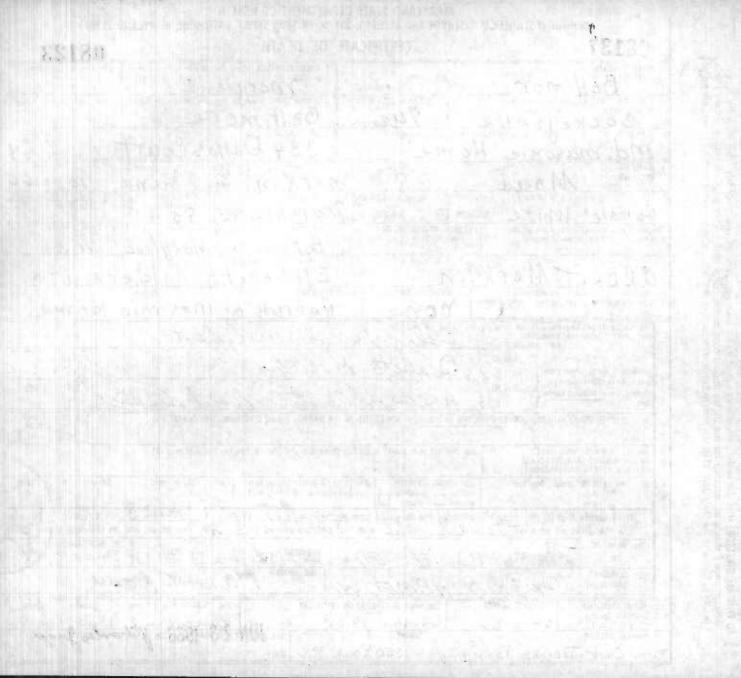
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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
)	08136 CERTIFICATE OF DEATH 0.81	29							
	1. PLACE OF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. STATE b. COUNTY MARYLANO MARYLANO MARYLAND	e before admission)							
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	lve nearest town)							
1	Baltimore Baltimore 21218 30	. 4							
-		e. IS RESIDENCE ON A FARM?							
ı	St. Joseph Hospital 3501 St. Paul St. 3. NAME OF First Middle Last 14. DATE Month Day	YES ND							
l	AND OF First Middle Last 4. DATE Month Day OF DECEASED (Type or print) Luther Mellen DEATH June 2								
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. DATE OF BIRTH 9. ACE (In years IFUNDER 1 YEAR last birthday) Magazine 1 Open	Hours Min.							
ı		LOE WHAT							
	during most of working life, even if retired) INDUSTRY	Y?							
l	Broker Real Estate West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
I	Benjamin Mellen Laura Neff								
l	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFDRMANT (Yes, no, or unknown) (If yes give war or dates of service)								
	No Mrs. Elsie Mellen, Marylander Apts.	,							
I	ONI	ERVAL BETWEEN SET AND OEATH							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema								
1	4201 DUE TO								
1	Conditions, If any, which gave rise to Immediate (b) Acute myocardial infarction								
	cause (a), stating the DUE TO underlying cause last. (c) Coronary arteriosclerosis								
I		WAS AUTOPSY							
I	N N	PERFORMEO?							
	PART II. DTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. YOU ACCIDENT WAS UNDERLYING 120b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING 1 CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at work at work	(State)							
۱	21. I certify that (I) (this hospital) attended the deceased from May 29, 1966, to June 2, 1966, to	hat (I) (we) last							
1	saw the deceased alive on June 2, 19 66, and that death occurred at 3:20M, from the causes and on the dat	te stated above.							
١	22a. SICNATURE 22b. DATE SI ATTENOING MEO. STAFF TO TAME 2								
I	M.O. ATTENOING MEO. OIRECTOR STAFF VIOLENCE June 2	, 1966							
	NAME (Type) D.R. Govinda Rao, M.D. 7620 York Rd., Baltimore, Md.	21204							
I	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)							
	Entombment 6/6/66 Druid RidgeCemetery Pikesville, Md.								
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. RECISTRAR'S SICH Ullrich Funeral Home 4210 Belair Road.								
9	1	U							

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

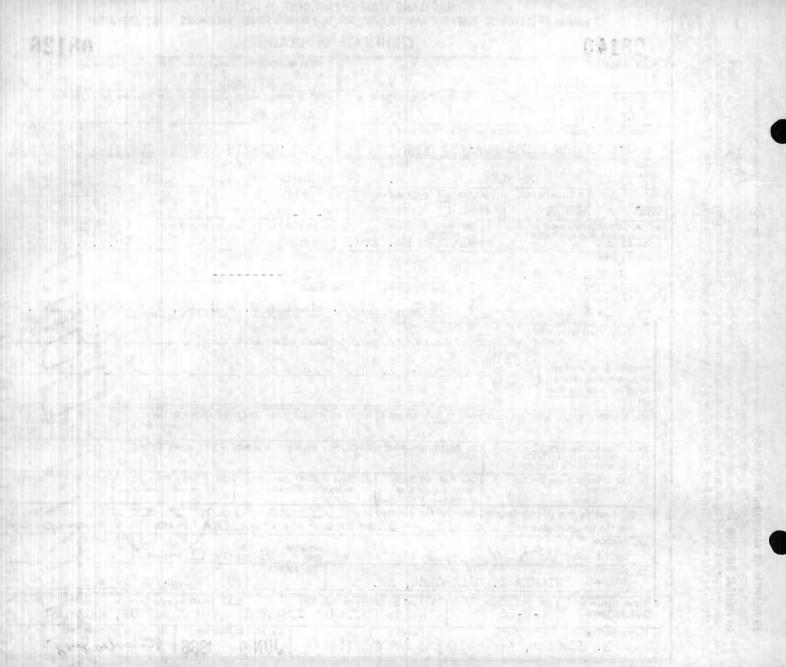
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	tional miles	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. low requires that the death certificate be executed within 24 hours after death puo filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RUBAL and give nearest town) Itimore owson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Towson Nursing Home Hadley Square YES NO NAME OF First Middle 4. DATE Month Carba Doy Year physician and completely DECEASED OF DEATH June 1966 Anna (Type or print) SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED Slast birthdoy) remove Months Doys Hours White 4-16.1884 temale WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY Maruland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME hristina Binding WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO . Miller, 12 Hadley Sq. N. (Yes, no, or unknown) (If yes give wor or dotes of service) 216520632 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stating the underlying couse the hospitol or attending os the O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO 17 YES [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram OCT 5, 1964 to framult, 1966, that (1) (we) last Poge 4 may be retained b saw the deceased alive an Process to 1966, and that death accurred at 1 P M, from causes and on the date stated above 220 SIGNATURE 22b. DATE SIGNED Juces. M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) GEORGE director, should be Maryland (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, LOCATION (City or Town) Baltimore, Western emetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Ruck, Inc., Balto., Md.

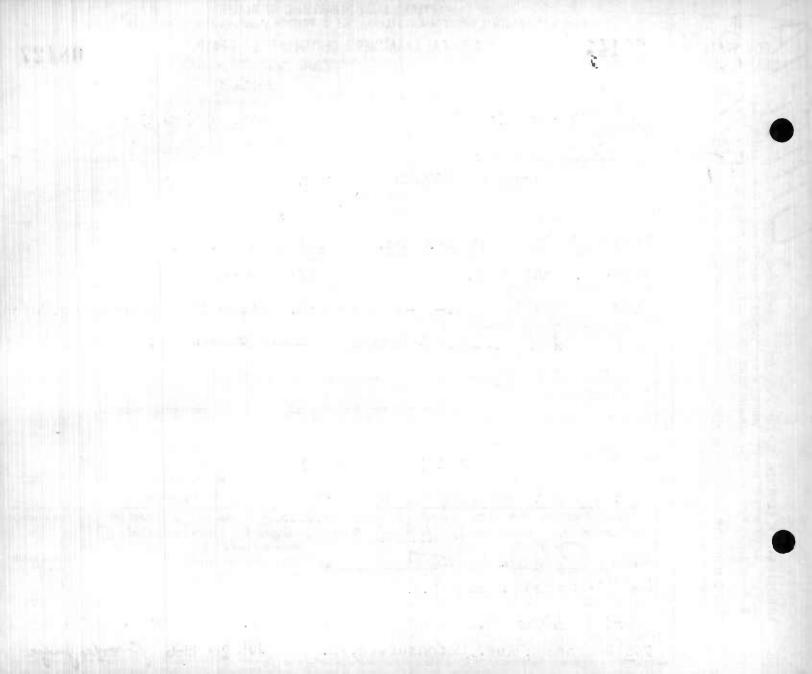
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08140 death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY BALTIMORE MARYLAND MARYLIND 24 haurs after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CATONSVILLE BALTIMORE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS HOUSE IN THE PINES NURSING HOME 1933 GRIFFIS AVENUE YES NO X 4. OATE 3. NAME OF First Middle Day **OECEASEO** CHARLES 0. MINNICK JUNE 66 19 physician and cample on please remave cart (Type or print) DEATH The law requires that the death certificate be executed AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIEO NEVER MARRIED last birthday) Manths MALE WHITE WIDOWED DIVORCED 8-16-1880 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done U.S.A. during most of working life, even if retired) WESTERN MD. R.R. MARYLAND 14. MOTHER'S MAJOEN NAME 13. FATHER'S NAME SAMUEL MINNICK ELLA----16. SOCIAL SECURITY NO. 17. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes_na, ar unknawn) (If yes give war ar dates of service) MRS. EULALIA D. MINNICK, 1933 GRIFFIS AVE. 480 NONE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by Canditions, if any, which gave rise ta immediate cause (a). **OUE TO** stating the underlying cause 19. WAS AUTOPSY PERFORMEO? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO Z 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram_ 5-20-, 1966, to 6-3-, 1966, that (1) two last 1966, and that death accurred at 613P.M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNEO STAFF M.O. DIRECTOR PHYS. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S WILMER K. GALLAGHER. SR. 6209 FREDERICK AVENUE NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, BEMRYAM Specify) 6-8-66 WINTERS LUTHERAN CEMETERY UNION BRIDGE, MARYLAND 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE 08141 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 to 50 Baltimore Maryland Baltimore MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 61 yrs Baltimore (rural) Baltimore (rural) 03d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in Item 18. Give Pages 1, 124 Newberg Avenue 124 Newberg Avenue NO DOC after deoth. Chief Medical Examiner's Office olong with 3. NAME OF First Middle Lost 4. DATE Day Year DECEASEO EDWARD JOSEPH MOHLER 26 19 66 June (Type or print) DEATH 9. AGE (In years S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 3 last birthday) ₹ Sept 4,1904 WIDOWED DIVORCEO Male White 24 hours lond 2 event 10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Sec. poges I Catonsville. Md. pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Frank L. Mohler Lily Broun pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war or dates of service) removal. 216-01-5207 John G. Mohler 100 Montrose Av, Caton 18. CAUSE OF OEATH (Enter only one cause per line far (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Subdural Hematoma and Cerebral Contusions. 10 e, writing the word forwarded to the Ch This certificate should cremation, **OUE TO** Canditians, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause 00 buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS) PERFORMED? CERTIFICATION YES X please execute the certificate. NO its designoted agent, prior to 20a. EXTERNAL CAUSE WAS PRIMARY ☑ ar CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) Fall (manner unknown) MEDICAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) Nat While factory, street, office bldg., etc.)
Unknown moy be retoined for your FUNERAL DIRECTOR: Poge at wark at wark 1966 Unknown 21. I certify that I took charge of the remains described above, held an Autopsy [X] Inquiry [and in my opinion Inspection , death resulted from: Natural causes 7 Accident 😾 Suicide 🗌 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED COL ASSISTANT MEDICAL EXAMINER [X] SIGNATURE O DEPUTY 6/27/66 DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Charles S. Petty, M.D. 5 moy ro FUNE Heolth NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (County) (State) REMOVAL (Specify) Baltimore Maryland Cemt. 1966 New Cathedral 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Catonsville, Md. VR A15ME (S) Melanley 1986 edmondson Aue. 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08142 death. by the funeral Pages 1 and 2. law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY BATTTMORE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, FORT HOWARD ve carban papers. Pagevent, within 72 haurs BALTIMORE 12 DAYS filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM2 27 VETERANS ADMINISTRATION HOSPITAL 535 WEST 27TH STREET NO X YES | DATE the attending physician and campletely f sit permit. Then please remave carban NAME OF First Middle Lost Month Year Doy DECEASED 19 66 ELSWORTH MOONEY JUNE JOHN DEATH (Type or print S. SEX 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH birthday) Months Doys Hours JUNE 14, 1918 MALE WHITE WIDOWED DIVORCED E C 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Insulation Mechanic INDUSTRY COUNTRY? and Baltimore, Maryland Insulation Co. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaya George J. Mooney Mary Agnes Holmes 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 0 26 3060 CLIN. REC., VET. ADM. HOSP., FT. HOWARD, MD. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: CARDIO RESPIRATORY FAILURE IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove CARCINOMA OF THE STOMACH MONTHS rise to immediate couse (a) DUE TO stoting the underlying couse as the the hospital or attending has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X certificate for 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While at work L ot work O FUNERAL DIRECTOR: After 19 66 , to JUNE 15 19 66, that (4) (we) last 21. I certify that (X (this haspital) attended the deceased fram JUNE be retained and that death accurred ap A. saw the deceased alive an M, fram causes and an the date stated above. 19 22b. DATE SIGNED 22o. SIGNATURE MED. STAFF 6/15/66 M.D DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH. Ft. Howard, Maryland GEORGE C. MCELFATRICK. directar, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE, MARYLAND 6/20/66 BURTAT ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE CHENOWETH FUNERAL HOME CHESTNUT ST. BALLIMORE, MD.

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NATION AND ADDRESS.	Berleit British nazio	O Auguraso	

ral directar, be filed with death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours haspital ar attending physician.

After this certificate has been signed by the attending physician and completely filled is the certificate has been signed by the attended remove carban papers. Pages 1 ched for use as the burial-transit permit. Then please remove carban papers. TO FUNERAL DIRE.
After this certificate has been signed by the attending physician page 3 shauld be detached far use as the burial-transit permit. Then please remove car the State Board of Health prior to burial, crematian, ar remayal, and in any event, within

VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08129

1	1. PLACE OF DEATH o. COUNTY Baltimone MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY								
ì	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)								
	lowson	Baltimore 30-4								
H	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1717 West Rd	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?								
3	Dulaney-Towson Nursing Home	5000 500 € 42nd St. YES □ NO €								
	3. NAME OF First Middle	Last 4. DATE Manth Day Year								
	(Type or print) (atherine	Moran OF DEATH June 29 1966								
	To the state of th	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.								
	remale White WIDOWED DIVORCED	October 21, 1887 78 yrs.								
-	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
	Housewile	Maryland U.S.A.								
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	Patrick McGrath	Catharina Butlan								
		(atherine Butler Address								
	(Yes, no, or unknown) [If yes, give war or dates of service]									
	no 220-46-5185 Mr	s Edwin M. Sterling 736 Edmondson Ave.								
	18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Necurrent-Cerebral & Mujo Cardial metarctions Type									
	4201 DUE TO 11111111111111111111111111111111111									
	Conditions, if any, which) (b) Anterioselerotee Carello Vascular disesse 10 mg									
	gave rise to immediate QUISTO									
	cause (a), stating the <u>under-</u> lying cause last. (c)									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									
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	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	ZOc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State)								
	Haur a. m. While Nat while fac	ctary, street, affice bldg., etc.)								
	p. m. 19 at wark at wark									
	21. I certify that (I) (this haspital) attended the deceased fram. 1946, ta struct 29, 1966, that (I) (we) last									
		saw the deceased alive an stand 1966, and that death occurred at 15 17 M, from the causes and an the date stated above.								
	22a. SIGNATURE	22b. DATE SIGNED								
	fredrick J. Vallener	M.D. PHYS. MED. STAFF PHYS. STAFF								
F	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS								
	FREDERICK J. VOLLMER	6100 Gork No Baltmont Med								
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (State)								
	REMOVAL (Specify) 9/2/66 New (athedre	al Cemetery Baltimore, Md								
-	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
)	John A. Moran, Inc. 3000 E. Balto. St.	DATE JUI 5 1966 Scharles Judge								
0	Joint no Horan, Inc. 3000 E. Balto. St									

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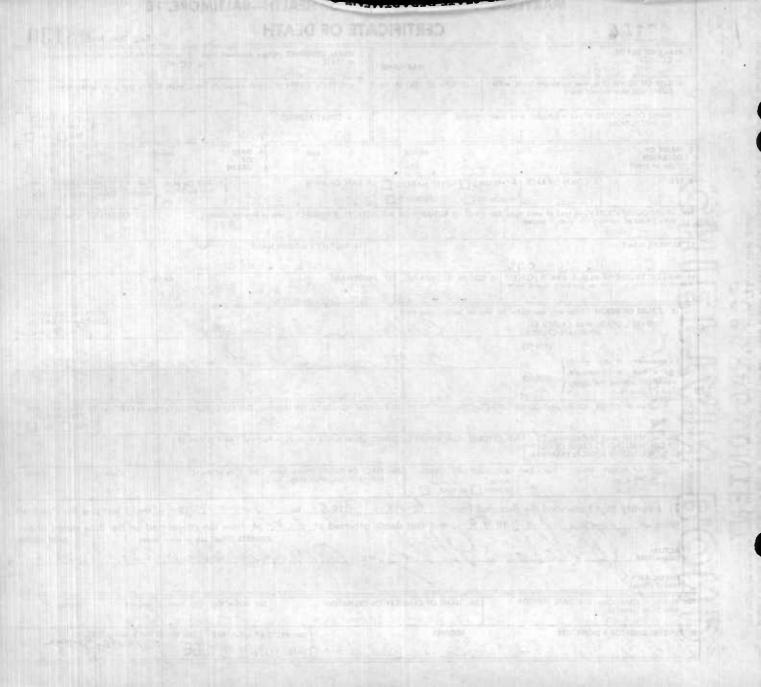
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CERTIFICATION



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08145 deoth. within 24 hours after death puo 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours write RURAL and give nearest town) L3 DAYS BALTIMORE FORT HOWARD filled in I popers. thin 72 ha d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 567 WEST HOFFMAN STREET VETERANS ADMINISTRATION HOSPITAL YES NO carbon 3. NAME OF First Middle 4. DATE ** Lost Month Doy Year DECEASED OF 19 66 MORGAN JUNE (Type or print) DATILAS DEATH executed IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED remove last birthdoy)
72 yrs. Months Doys Hours WIDOWED DIVORCED SEPTEMBER 21,1893 MATE NEGRO 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. COUNTRY? during most of working life, even if retired) INDUSTRY pleose N. CAROLINA GARDNER requires that the death certificat signed by the attending physic buriol-transit permit. Then ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JENNIE STEVENSON JAMES MORGAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dotes of service 5 218 10 29 56 CLINICAL RECORDS FORT HOWARD. YES WIN MARYLAND 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. OFATH WAS CAUSED BY UTTRETOWN DEATH CARCINOMA OF PROSTATE IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO attending p stating the underlying couse as the hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO X O FUNERAL DIRECTOR: After this certificate for be retoined by the hospital 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work of work 1966, that (X) (we) last 21. I certify that (this haspite), attended the deceased fram. 1266 shauld and that death occurred at 3:30 M, from causes and an the dote stoted obove saw the deceased alive on 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. 6/26/66 DIRECTOR M.D. director, poge should be filed 22d ADDRESS 22c. PHYSICIAN'S VA Hospital, Fort Howard. Md. NAME (Type) JORGE A. FABARA, M.D. 23b., DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION Baltimore altimore National Maryland 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Halstead 1206 W North Ave Melantes VR A15 (4) 20 M 1/66 Adolphus

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore_Towson, Md. Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 St. Joseph Hospital 7620 York Rd. NO _ YES __ executed within tetely rbon p with 3. NAME DE Last DATE Month Middle Oay Year DECEASED and completed remove carb any event, 1 Mullen, In Joseph Herbert 6-17-66 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. 8. OATE OF BIRTH 9. last birthday) Months Hours 1 Male White 7-26-98 WIDOWED DIVORCED ! 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician an please rate val, and in Ξ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most, of working life, even if retired). INOUSTRY COUNTRY? hol. Storekeeper Gauger Sub. Rev. Baltimore, Maryland U.S.A. Int. ALCO attending physi ermit. Then ple on, or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Herbert Mullen Theresa Merriken 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Baltimore St. Mrs. Mary Mullen 2822 CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, OEATH WAS CAUSED BY: Brain abscess & cardiac failure the hospital or attending physician. IMMEDIATE CAUSE (a) OUE TO Pericardial effusion Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. (c) as CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) for use Health PERFORMEO? PHYSICIAN: The certificate NO X YES T 20a. ACCIDENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) t. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour e.m. While Not While After 19 p.m. at work et work retained P should ith the 19 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 3 should with the , and that death occurred at 12: M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNEO 22a. SIGNATURE 4 may be DIR page ATTENDING MED. DIRECTOR PHYS Page 4 may PHYSICIAN'S 22d. ADDRESS FUNERAL 22c. director, p NAME (Type) Nelson S. De La St. Joseph Hospital BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 25a. REC'O BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Moran, Inc VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY after Baltimore Baltimore Marvland the MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Catonsville Catonsville etely filled in bon papers. within 72 ho e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS ON A FARM? YES NOK 47 Overbrook Rd. 47 Overbrook Rd. etely carbon Month Day Year 3. NAME OF First Middle Last 4. DATE DECEASED DEATH (Type or print) Musgrove June 19 66 Maude R. 6. COLOR OR RACE | 7. MARRIED 8. OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX NEVER MARRIED last birthday) | Months ! Oays and c Hours White WIOOWEO X Feb. 27. 1896 Female OIVORCEO 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) hen please r COUNTRY? Howard Co. Md. U. XX S. A. Nurse death certificate 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Margaret D. Crist Stephen A. Brandenburg e 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. Balto. Md. (Yes, no, or unkown) (If yes give war or dates of service) Miss. Emily Brandenburg 47 Overbrook Rd. igned by the at rial-transit perm rial, cremation 215-28-9058 INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) been Signal-tr the burial-tr DUE TO Conditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating the as th underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) nse PERFORMED? NO T YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [tached f OR CONTRIBUTING | CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work 0 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 300m. from the causes and on the date stated above. saw the deceased alive or DATE SIGNED 22b. 22a. SIGNATURE ATTENDING PHYS. page PHYS. M.O. **OIRECTOR** FUNERAL PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) director should b Edward W. Johnson 3432 Frederick Rd. Balto. Md. 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) Howard Co. Md. June 22, 1966 Mt. View Cem. Burial REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **AOORESS** FUNERAL DIRECTOR Truman Schmab 3512 Frederick Ave. Balto. Md. VR A15 (4) 20M 1/65 21229 9

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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urs Pa ours	CARRISON AMOS 130AUS VENTINOIZ
24 hours after death filled in by the funeral apers. Pages 1 and 2 no 72 hours after death	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	FOXLEIGH NURSING NOME 1045 VICTORIA HVE YES NOT
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by the attending physician and completely see 3 should be detached for use as the burial-transit permit. Their please remove carbon per with the State Dept. of Health prior to burial, cremation, or removal, edd in any event, within	3. NAME DF First / Middle Last / 4. DATE Month Day Year
l wi	(Type or print) MARY C NELSON DEATH JUNE 27 1966
cor cor ove	5. SEX 6. COLOR OR RACE 7. MARKIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IFUNDER 24 HRS. Isst birthday) Months Deys Hours Min.
xec and any	MIDOWED DIVORCED OCT 6/879 86 yrs.
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te be e vsician please i	HUSIC TERRHER TEACHING DALTO, MD. U.S. H
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nding Their	JOTON M. NCLOON FLAH DELATINE
death certi e attending permit. Th	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service)
uires that the death ce g physician. sn signed by the attend burial-transit permit. burial, cremation, or re	NO 167-28-8849 17) RS. JOHN NCLOON TARK NEIGHT HUE
he he y th	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
at the same of the same of the same or the	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concernor a c metaslases unknown
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ph should bur bur	Conditions, if any, which gave rise to immediate (b) Ca. of uterus
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OR ATTENDING PHYSICIAN: The law requiry be retained by the hospital or attending DIRECTOR: After this certificate has been ge 3 should be detached for use as the lied with the State Dept. of Health prior to	
DOR:	21. I certify that (I) (this hospital) attended the deceased from 4-4, 1966, to 6-1, 1966, that (I) (we) last saw the deceased alive on 1966, and that death occurred at 11:08 M, from the causes and on the date stated above.
ATT ret	22a. SIGNATURE 22b. DATE SIGNED
	M.D. ATTENDING MED. STAFF 6-28-66
may MAL	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creasing the prior to burial.	yavid I . I life Clasen kg Charles Mg
TO HOSPITAL OR Page 4 may be for FUNERAL DIR director, page should be filed	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial 6-29-66 St. Thomas Garrison Forest Md.
F F	
0	24. FUNERAL DIRECTOR ADDRESS 4. FUNERAL DIRECTOR ADDRESS 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 4. W. Jenkins & Sons Co. 4905 Nork Rd., Balto., Md.
VR A15 (4) 15M 4-64	DATEUN 29 1966 Charles Judge
W. W.	

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MARYLAND STATE DEPARTMENT OF HEALTH VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY Baltimore a. STATE b. COUNTY ges 1 the Maryland MARYI AND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Catonsville C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page in 72 hours a þ hours Baltimore = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Forest Haven Nursing Home within Normandy YES NO 29 within completely carbon NAME OF 3. Middle Last DATE Month Day Year and colling remove carbo DECEASED Emilia M. Ohle (Type or print) DEATH June 27, 1966 19 executed 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | Days Female Whi te WIDOWED | DIVORCED Sept. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT an during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore, Md. Housewife certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nelson Spurrier Pauline Weigel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT the attendit permit. 16. SOCIAL SECURITY NO. Address death 0 (Yes, no, or unkown) (If yes give war or dates of service) cremation. Mrs. Dorothy Busick 123 Westgate Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit purial, cremat INTERVAL BETWEEN requires that the ONSET AND DEATH Š PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO been signature 110+ ENCEPARCOPEL Conditions, If any, which gave rise to immediate the r DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? NO 7 YES [hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. 0 21. I certify that (I) (this hospital) attended the deceased from 19 Shou DIRECTOR: 19 4, and that death occurred at 12 M from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page MED. ATTENDING HOSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS director, p NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23d. LOCATION (City, town or county) 0 /30/1966 Loudon Park Ceme tery Baltimore Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08150 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) the funera o. COUNTY o. STATE b. COUNTY MARYLAND er by In. Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b illed in by th papers. Pagi bin 72 haurs o write RURAL and give nearest town)___ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled YES NO F NAME OF Year remayerarboa campletely DECEASED WEN DEATH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ast birthdoy) Hours WIDOWED DIVORCED and 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY and physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, INTERS 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO burial Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse priar ta has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from be retained and that death occurred of 130 AM, fram causes and on the date stated above sow the deceased plive on 22o. SIGNATURE 22b. DATE SIGNED. ATTENDING STAFF DIRECTOR PHYS. PHYS filed TO HOSPITAL Page 4 may b 22d. **ADDRESS** 22c. PHYSICIAN'S NAME (Type) directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or 23b. DATE THEREOF 23o. BURIAL, CREMATION REMOVAL (Specify) EMATIC 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 20 M 1/66

FOR STATE DEPT. PM3. Page and 3 ta pages 1 and 2 with the State Department af delay is Health or its designated agent, priar ta burial, crematian, ar removal, and in any event within 72 hours after death. em 18 Give Pages 1, 2 and with farm after death. This certificate shauld be executed within 24 hours in pencil in Item necessary, please execute the certificate, writing the ward "pending" in pencil in the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's File 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0815	1	MEDI	CAL EXAMI	NER'S	CERTIFICATE O	F DEATH			0813	17
1. PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceased live			fore odmission)
a. COUNTY BAL	TIMORE,	Baltin	nore, MAR	YLAND	Maryland		b. COUNT	Lto.		
b. CITY OR TOWN	(It autside carparate limit		c. LENGTH OF STAY		c. CITY OR TOWN (If au	tside carparate limit			rest town)	
write RURAL o	nd give nearest tawn) Lethorpe				Rural - 1	Lansdowne	2	.02	-1	
	ITAL OR INSTITUTION (If n	ot in hospital, gi	ve street oddress)		d. STREET ADDRESS				e. IS RESIDE	NCE
5506	Oakland Roa	d			2621 Brown	Avenue			ON A FAR	10 K
3. NAME OF	F	irst	Middle		Last	4. DATE	Manth	D	оү Үөаг	
(Type or print)	EAR	Lia	L.		PAUL	OF DEATH	June	2	14 19	66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		. DATE OF BIRTH	9. AGE (IF UNDER 1 YEAR		
Male	White	WIDOWED [DIVORCE	D 🔲 :	Feb.11,190	5 61		Months Doy:	s Hours	Min.
during most of workin	ON (Give kind of work dane g life, even if retired) er hanger		D OF BUSINESS OR USTRY		Baltin	or foreign country)		12. CITIZEN COUNTRY	OF WHAT	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N					
John H	. Paul				Ada Lab	el				
	γ, which gave) ofe couse (o),	(o) Arter		ic ca	rdiovascular	disease			NTERVAL BETW DNSET AND DEA	
lost.)	(c)								
PART II. OTHER	SIGNIFICANT CONDITIONS (CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PA	ART 1(a)	1	9. WAS AUTOF PERFORMED YESXXX N	PSY D?
2Do. EXTERNAL C PRIMARY ar CI (AUSE OF DEATH.) 20c. TIME OF IN Hour of	ONTRIBUTING 🗆	2Db. DES	CRIBE HOW INJURY O	CCUR R ED. (Enter nature of injury in F	Part I ar Part II of i	tem 18.)			
Р	.m. 1 19	While at wark	URY OCCURRED Not While at wark	facto	E OF INJURY (Home, farm, ary, street, office bldg., etc.)		or town)	(County)	,	tate)
	fy that I took charg					Inspection], Inquii	ry 🔲 , ai	nd in my o	pinio
deoth resu	Ited from: Natur	al causes X	, Accident	, Suici	de, Homicide	, Undeter	mined mai	nner		
ACTUAL SIGNATURE	10/50	erle	ruch)	TH.D.	CAL EXAMINER XX			22. DATE SI	
NAME (Type)	Rudiger Bre		·			city, town, or coun			6/15/6	56
23a. BURIAL, CREMAT REMOVAL (Specif	ION, 23b. DATE TH		23c. NAME OF CEN			23d. LOCATION	(City or Town		ty) (Sta	te)

VR A15ME (5)

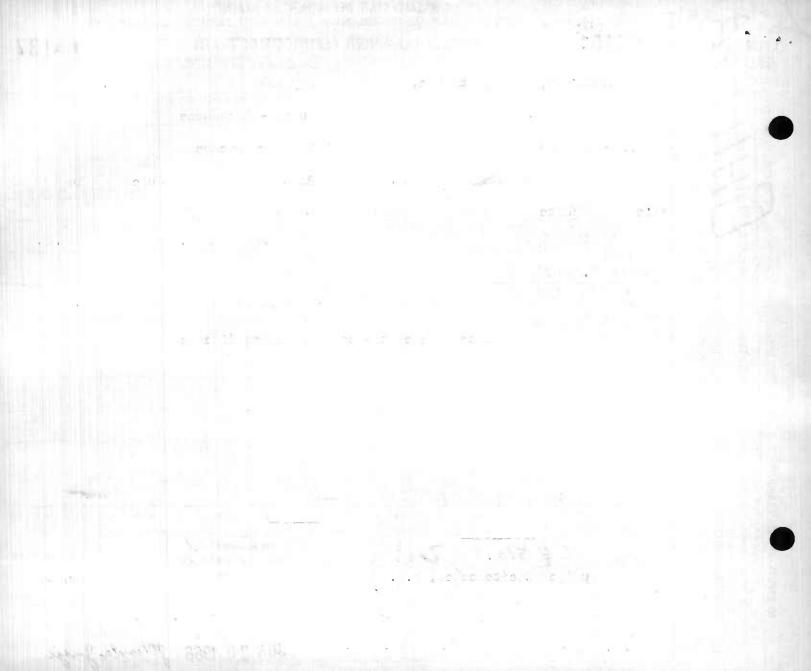
please execute the certificate, writing the ward

AL EXAMINER:

TO DEPUTY MEST necessary,

24 FUNERAL DIRECTOR
Fred.A.Cole Home 1913 W.Balto. St.

2Sa. REC'D BY REGISTRAR 1966 2Sb. REGISTRAR'S SIGNATURE



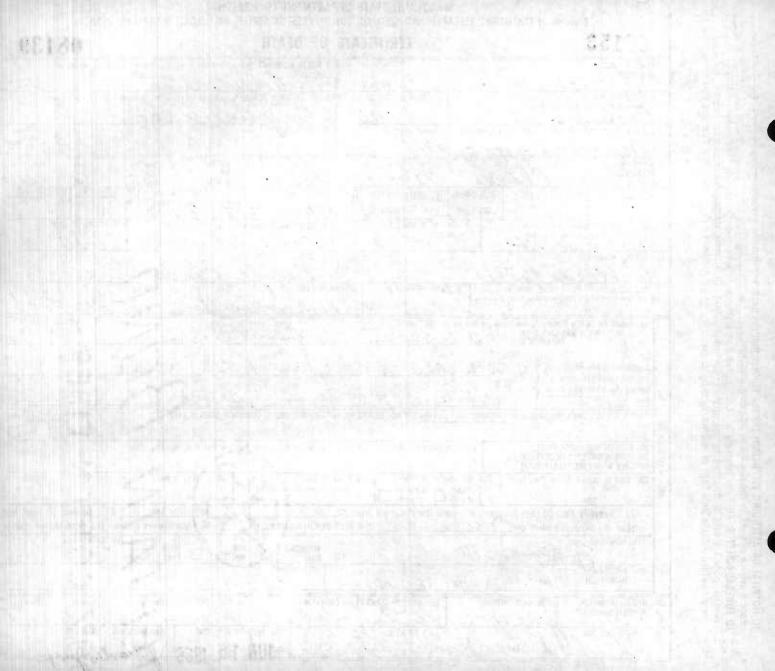
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08152 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY DR TDWN (If outside corporate limits, c. CITY OR TDWN (If gasside carparate limits, write RURAL and give necrest town) c. LENGTH DF STAY IN 16 write RURAL and give nearest tawn) Randallstown-Rural 1 Week Sykesville IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS event, within 72 filled Route 2 YES NO X 3. NAME OF 4. DATE carban Last Manth Day Year DECEASED June DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 7. MARRIED 6. COLOR OR RACE NEVER MARRIED 8. DATE DF BIRTH lost birthday) Months WIDDWED DIVDRCED 22.1908 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast of working life, even if retired) COUNTRY? **INDUSTRY** attending physician ermit. Then please Institute Daniel, Md. Seton Hospital 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaya Grace Harding Howard E. Penn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. rkësville, Md. Rt. 2 (Yes, na, or unknown) (If yes give war or dates of service) 219-16-9200 Mrs. Blanche A. Penn 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. DUF TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause **DIRECTOR:** After this certificate has been Health priar ta use as WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO OR ATTENDING PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) ot wark at wark 21. I certify that (1) (this haspital) attended the deceased fram. , 19___, that (1) (we) last ta_ _, and that death accurred at 74 9" M, from causes and an the date stated above saw the deceased alive an 22g SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF **ATTENDING** M.D. directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) Baltimore County Hospital Staff 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City or Tawn) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Lakeview Mem. Gardens Carroll Co Burja 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Waltz Box 241 Sykesville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

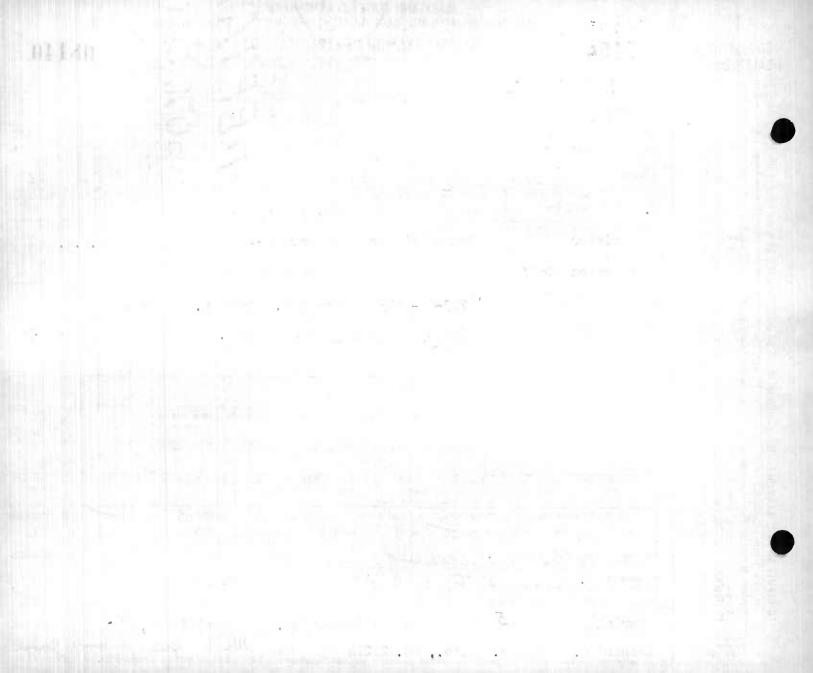
		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
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y be re y be re L DIREC oge 3 s filed wi		ATTENDING M.D. ATTENDING MED. STAFF DIRECTOR DIR							
OSPITA Be 4 moy JNERAL Ctar, po	230	NAME (Type) JAM SHID HAMED MD MOSON (FORMATORY) 23d 49CATION (City or Town) (Soundy) (Stote)							

VR A15 (4) 20 M 1/66

25b. REGISTRAR'S SIGNATURE 25a. REC'S BY REGISTRAR

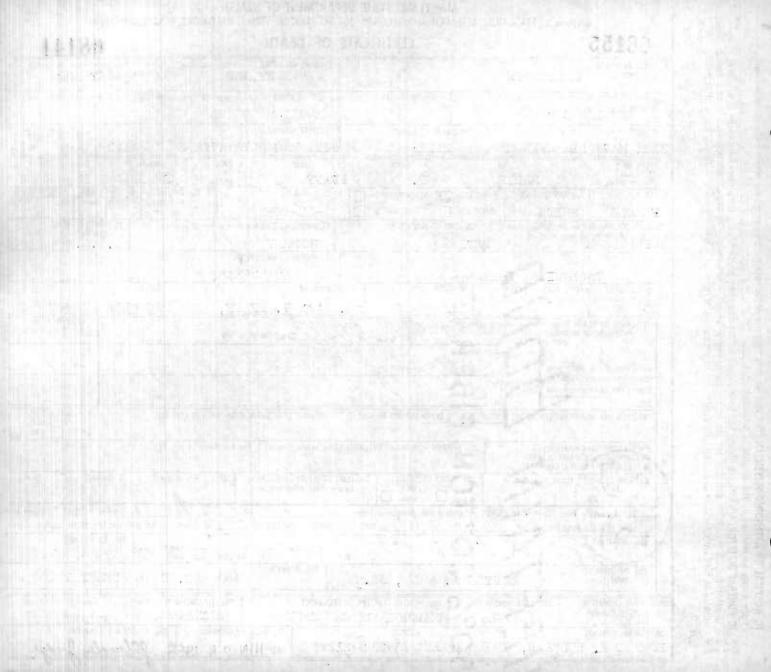


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE 98154 HEALTH DEPT! PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ond 3 to M3. Poge ALTIMORE 0 deoth MARYLAND delay Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PM3 ofter (ALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hours along with form 4623 ARABIA MENTO Give Pages ote YES NO after death. with the Sto within 72 h NAME OF Middle DATE Doy Year DECEASED 3 196 C 0 DEATH with S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthdoy) Months Item 18. White Days Hours M. WIDOWED DIVORCED hours event 10o. USUAL OCCUPATION (Give kind of work done during most முழுத்து பிர்தும் peven if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT House Painter U.S.A. Maryland any 9 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil executed within ⊆ Jefferson Pfaff Exong Mary Risette and File 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes and or unknown) (If yes give war or dotes of service) removol. 213-01-9435 Joseph J. Pfaff Jr. same 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit INFARCTION 10 IMMEDIATE CAUSE (o) This certificate should e, writing the word forwarded to the Ch 4201 cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse 05 burial, nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO please execute the certificate. ogent, prior to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) should PRIMARY Or CONTRIBUTING should CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work of work designated 21. I certify that I took charge of the remains described above, held an Autapsy Inquiry 4 Inspection ... ond in my opinion for the funerol director. Natural causes Accident Suicide death resulted from: Homicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 10 DEPUTY MEDICAL EXAMINER NAME (Type) WILLIAM Address (Street, city, Town, or coulty D RE may Heolth 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23km DATE THEREOF (County) 50 REMOVAL (Specify)
Burial P. 5 1966 Holy Redeemer Cem Md. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR victionles 1966 VR A15ME (5) Leonard J. Ruck Inc. Balto. Md. 21214 DATE 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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campletely rave carban v event, wi		S		6. COLOR OR RACE WHITE		NEVER MARRIED DIVORCED		B. DATE OF BIRTH 1-12-1893	9. AGE (In yea last birthdo	rs IF UNDER 1	
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physician. signed by the attending phys burial-transit permit. Then p			157 Conditions, if any rise to immediat	, which gove) e cause (a),	TO (b)	Ja. of	0 (ancreas.			4-5 mos.
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be sed	1		22a. SIGNATURE	()	Stalk	4	M.I	D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	0 6/	TE SIGNED > 3/66
4 may tar, bag Id be fil			22c. PHYSICIAN'S NAME (Type) LE		. WALL, JR			1039 ST. P.		
Page 4 may TO FUNERAL director, pageshould be fi	2		BURIAL, CREMATIC REMOVAL (Specify BURIAL	6-27		MEADOWRIDO		EMETERY	BALTIMORE		(County) (Stote)
VR A15 (4)	13		FUNERAL DIRECTO	HUBBARD, 4	107 WI	ADDRESS LKENS AVENU	JE 2:		BY REGISTRAR 25		les Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pluods PLACE OF DEATH 2 USUAL RESIDENCE (Where decessed lived, Il institution, Residence before edmission a. COUNTY b. COUNTY Baltimore MARYLAND c. CITY OR TOWN (II outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Owings Mills Owings Mills vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 11 Byway Road 11 Byway Road YES NO X 3. NAME OF Middle DATE Month Yeer DECEASED 26 June 1966 (Type or print) Ada DEATH Mae Phillips 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Female WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) done during most of working life, even if retired) Blacksville. W. Va. U.S.A. Housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alex Marshall Fannie Howard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Il yes give wer or detes of service) Homer C. Phillips 16 Dundalk 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arteriosclerotic C-V Disease 11 yrs DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? NO K Arthritis 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, ferm,) 20d. INJURY OCCURRED 201. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer lectory, street, office bldg., etc. While Not While at work et work 21. I certify that (I) (this kersis) attended the deceased from 9-25-57..., 19 to 6-26-66..., 19 that (I) (we) last 6-24-66 saw the deceased alive on.. ATTENDING 22b. DATE 22e. SIGNATURE SLGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) D. D. Caples, M. D. 6 Hanover Rd., Reisterstown, Md. 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) June 27.1966 Mapletown Cemetery Mapletown, Greene Co. Pa. Removal 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATU 24 FUNERAL DIRECTOR'S SIGNATURE Owings Mills, Maryland DATE JUN 28 VR A15 (4) 15M 7-62

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY BALTIMORE 2, ond 3 to PM3. Page Marvland of after death. MARYLAND Department b. CITY DR TDWN (If autside carparate limits, c. CITY DR TDWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE DN A FARM? ES NO d. STREET ADDRESS alang with farm within 72 haurs 1925 Sherwood Noseph HOSPITAL State in Item 18. Give Pages NAME OF LOMANFARTHUR POLITING 4. DATE Year DECEASED the POLING neuc (Type or print DEATH 19 S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED virthday) Days Months Male Hours OCT.28,1953 DIVDRCED WIDDWED Office 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY West Virginia NONE e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME pa .⊆ Loman Aluia Poling Jean Anderson and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service burial, cremation, ar remaval, NONE Mrs Jean Poling 1925 Sherwood Ave. NO 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, which gave (b) rise to immediate cause (a), DUF TO stating the underlying couse O SO PERFORMED?
YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION agent, prior to b 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) should should PRIMARY O or CONTRIBUTING CAUSE OF DEATH. while SHOT 20e. PLACE OF INJURY (City or town) 20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page Belto 19 66 X Shooting Page at wark designated 21. I certify that I taak charge of the remains described above, held an Autopsy \(\sqrt{2} \) Inspection Inquiry and in my apinian funeral director. death resulted fram: Accident X. Suicide Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. PATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER

5 may be TO FUNERAL Health or i VR A15ME 6M 1/66

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after death.

24 haurs

This certificate should be executed within

please execute the certificate.

TO DEPUTY

the

6/22/66

EXAMINER'S NAME (Type)

23a. BURIAL CREMATION.

23c. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery 23d. LOCATION (City or Tawn) Baltimore Maryland

Address (Street, city, town, or county)

(State)

24. FUNERAL DIRECTOR **ADDRESS** SANDER & SONS INC. BALTIMORE

Werner U. Spitz,

23b DATE THEREOF

Print the same of the figure of the Part.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02159 funeral s 1 and 2 death. requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND MARYLAND BALTIMORE b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) YRS 27 DAYS BALTIMORE FORT HOWARD filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 119 SOUTH BOULDIN STREET YES NO pou 3. NAME OF 4. DATE First Last Manth Day Year DECEASED (Type or print) DEATH IE 22 IF UNDER 1 YEAR JOSEPH POSKOCII JIME. JOHN. IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months birthdoy) Dovs Hours WHITE MAY 8, 1895 MALE WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT edse life_even if retired) COUNTRY? OIL CO. CZECHOSLOVAKIA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOSEPH POSKOCIL JOSEPHINE CERNY VA HOSPITAL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 215 05 87 91 CLINICAL RECORDS FORT HOWARD, MARYLAND INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY: ONSET ON REATH burial-transit INFARCTION OF MYOCARDIUM IMMEDIATE CAUSE (o) DUE TO ARTERIOSCLEROTIC HEART DISEASE YEARS Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse has been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO X 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m Not While ot work ot work , ta 6/22/66, 19 , that (14 (we) last 21. I certify that (1) (this hospital) attended the deceased from 5/26/64 _, 19_ be retained 6/22/66 19 and that death accurred at 3:30AM, from couses and an the dote stated above. TO FUNERAL DIRECTOR: saw the deceased alive on. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** 6/22/66 M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) JORGE A. FABARA, M. D. VAH FORT HOWARD, MARYLAND director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify)
BURTAT. June 25 BALTIMORE. MARYLAND HOLY REDEEMER 24. FUNERAL DIRECTOR CVACH FUNERAL HOME 25o. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 RATITIMORE,

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08160 requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Baltimore a. COUNTY o. STATE b. COUNTY Baltimore MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Towson, Md. 21204 SYEARS ALTIMORE d. STREET ADDRESS 212 W. Chesapeake Ave. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address). Armacost N. Home Regester Ave. #12 e. IS RESIDENCE ON A FARM? 4 DATE 3. NAME OF Middle Last Month Day Year Marian Johnson Price DECEASED (Type or print) 6-1-66 DEATH 9. AGE (In years IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdoy) Manths Hours 5-24-1886 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af wark dane during malf of work egying freen if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY?S.A. INDUSTRY Pheenix, Md. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Clinton Lee Johnson Mary Burns 212 W. Chasapeake Ave. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na Norunknown) (If yes give war ar dotes af service) 212 03 3435 Ruth V. Price Towson, Md. 21204 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (e). To PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUF TO burial Canditians, if ony, which gave rise ta immediate cause (a). DUF TO stating the underlying cause attending has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F TO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. foctory, street, office bldg., etc.) Nat While ot work 21. I certify-that (I) (this haspital) attended the deceased from 2, 1966, that (1) we last be retained 19.66, and that death accurred at M. fram causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d_LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) HOENIX LYNMALIRA CEMETERY 25a. REC'D BY REGISTRAR BROOKS TOWSON 1050 YORK ROAD VR A15 (4) 20 M 1/66 TOUSON MARYLAND UN

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death, the attending physician and campletely filled in by the funeral sit permit. Then please temperal and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY BALITIMORE BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) BALTIMORE FORT HOWARD 1 DAY d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? NO F VETERANS ADMINISTRATION HOSPITAL 55 HAWTHORNE ROAD YES T 3. NAME OF Middle 4. DATE Year Day DECFASED 19 66 (Type ar print) DEATH ANTHONY WATATER RADECKE HIME IF UNDER 1 YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months Days Hours MALE WHITTE JUNE 2. 1901 WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during mast of working life, even if retired) INDUSTRY COUNTRY? MEAT CHITTER

13. FATHER'S NAME BALTIMORE, MARYLAND

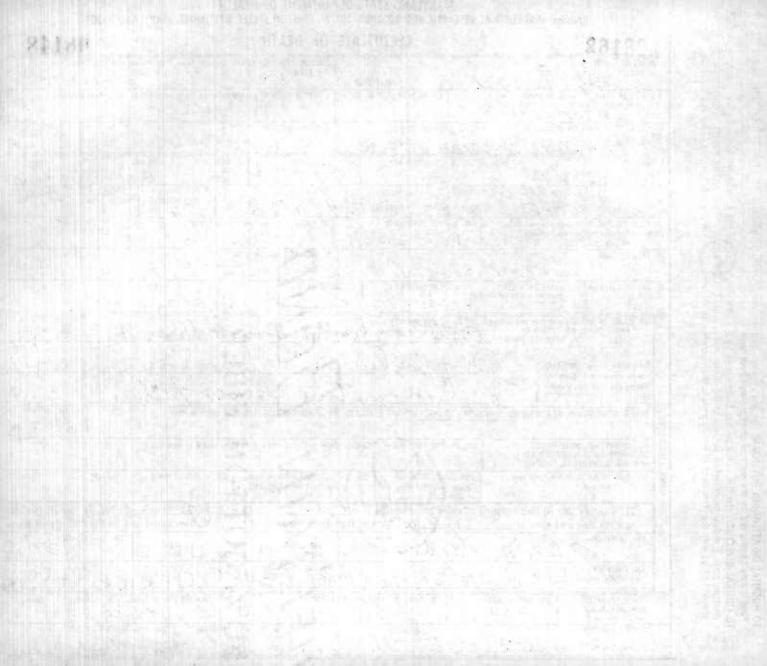
14. MOTHER'S MAIDEN NAME U.S.A. MEAT MARKET MARY Hudzik JACOB RADECKE 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war or dates of service) CLIN. REC., VET. ADM. HOSP., FT. HOWARD, MD. 213 07 73 13 YES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY CARCINOMA OF THE LUNG IMMEDIATE CAUSE (a). DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO X far 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Nat While at wark at wark 19 66 ta June 24 19 66 that (4 (we) last 21. I certify that (X) (this hospital) attended the decegsed from June 23 be retained 19 66 And that death occurred QD saw the deceased alive an June 24. P. M. from couses and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 6 24 66 PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, pa VAH, FT. HOWARD, MARYLAND NAME (Type) SHELDON E. KALMUTZ, M. D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) BALTIMORE, MARYLAND HOLY ROSARY CEMETERY 6/27/66 Funeral Home Bruzdzinski Baltimore. Md.

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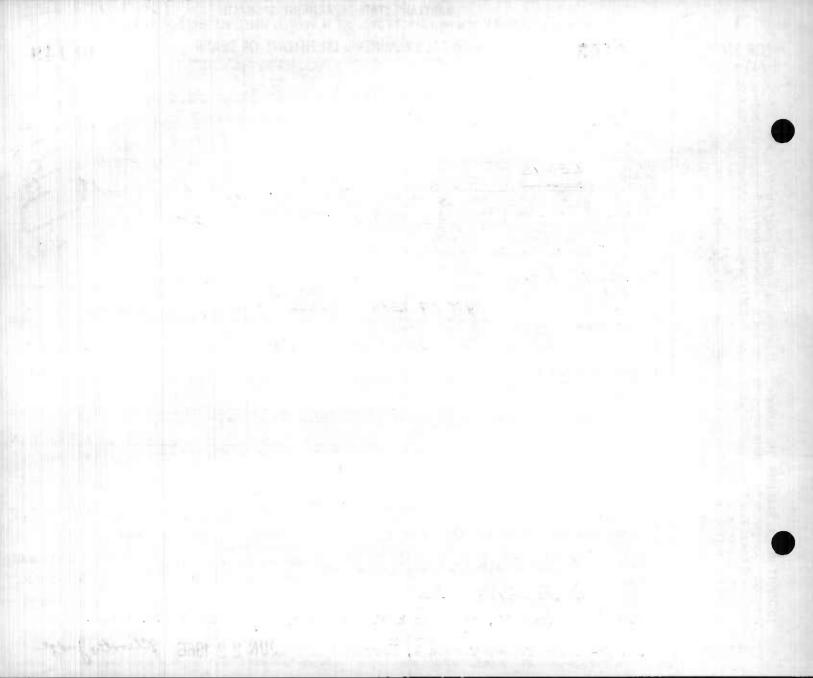
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 and 8 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) campletely filled in by the funeral PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) CATONSVILLE d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARMS 28 DARROW DRIVE YES | NO K NAME OF DATE Month Doy Year OF DEATH DECEASED (Type or print) S. SEX AGE (In years 6. COLOR 7. MARRIED DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? EPT. STORE SALES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), opd (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO YES far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20e. PLACE OF INJURY (Home, form, (County) TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While ot work of work 1960 to my 27, 1966 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 19. 6 and that death accurred at 10 A.M. from causes and on the date stated above saw the deseased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1966 DATE

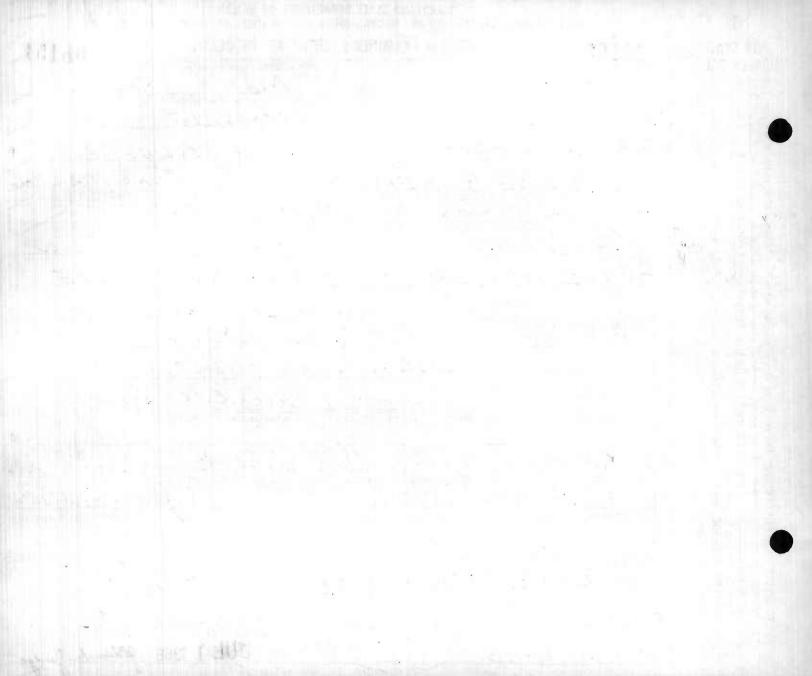


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY of MARYLAND b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 (If outside carporate limits, write RURAL and give nearest town) c. CITY OR TOWN write RURAL and give nearest town after mi Ournas d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) hours Office olong with form Item 18. Give Pages 24 haurs ofter death. 3. NAME OF Middle Lost DATE DECEASED 1966 within CH DEATH IF UNDER 24 HRS. AGE (In years NEVER MARRIED Months Hours WIDOWED event 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Lewiston = within 14. MOTHER'S MAIDEN NAME pencil puc IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT be executed removol. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 0 IMMEDIATE CAUSE (o) This certificate should writing the word cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 0.5 buriol, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO X please execute the certificate. Heolth or its designoted agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING -EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X and in my apinian for Natural causes X. Accident ... Suicide . the funeral directar. death resulted fram: Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 Burral (Specify) Mifflim Co. Penna. June 22, 1966 Birck Hill Cemetery 1050 YOMBREROAD 24. FUNERAL DIRECTOR VR A15ME (5) Wm. Cook-Brooks Towson Towson 4, Maryland 6M 1/66



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tuneral 1 and 2 r death	08164 CERTIFIC	ATE OF DEATH 08150
nours arter dearn	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAN	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. county Baltimore
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	lo l
Н	Fullerton Life	Fullerton 03 /
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addr	ess) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	7931 Belair Roiad	7931 Belair Road #36 YES X NO
ĺ	3. NAME OF First Middle OECEASED	Last 4. DATE Month Day Year
ı	(Type or print) Henry	Reiners DEATH JUNE 25 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED 2 NEVER MARRIED	Idst Diffiday Monthe Dave House Min
	Male White WIDOWED DIVORCED] 4-12-1000/ /6 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Farmer	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ı	Farmer Farmer	Baltimore Co. Md. U.S.A.
ı		14. MOTHER'S MAIDEN NAME
	Henry L. Reiners 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Adalaide 17. INFORMANT Address
	(Yes, no, or unkown) (If yes give war or dates of service)	
	1es W.W.I 220-34-6600	Mrs Amelia M. Reiners 7931 Belair Road
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Monitoria 3 minutes
	Cenditions, If any, which	- Universal Discourse 2 many
	gave rise to Immediate	A properties persone or specific
	cause (a), stating the underlying cause last. (c)	- Consis
		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	L	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	정 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e While at work At work at work	factory, street, office bldg., etc.)
	21. I certify that (I) (this has attended the deceased from	Chril , 1965, to Dune 25, 1966, that (1) (pe) last
		that death occurred at 7.15 AM, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	Michael J. Dausch	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 6-25-66
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	MICHAEL J. UHUSCH, M.D	. 7636 Belan 900d
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMI	TERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
-	Burial 6-28-1966 Parkwood 24. FUNERAL DIRECTOR ADDRESS	Cemetery Baltimore Co. Md.
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE Poge o deoth. MARYLANO Department CLENGTH OF STAY IN 1h b. CITY OR TOWN (If outside corporate limits, (If outside corporate limits, write RURAL and give nearest town) 2, and PM3. write RURAL and give nearest town) ofter NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC hours along with farm ON A FARM? NOOK HOME ate YES NAME OF Middle DATE Lost 5 within 72 DECEASED Type or print) DEATH SEX 9. AGE (In years IF UNDER IF UNDER 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH rirthdov) Months Dovs Hours WIDOWED X DIVORCED Office o event gud JOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired INDUSTRY _ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. Chief Medicol (Yes, no, or unknown) (If yes give wor or dates of service) removal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY buriol-transit ONSET AND DEATH 0 IMMEDIATE CAUSE (o) word certificate shauld cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse forwarded lost. burial, WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART & PERFORMED? NO to 20o. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING INJURY OCCURPED (Enter noture of injury in Port I or Port II of item 18.) ogent, prior 3 shauld pluods CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dov. Year 20e. PLACE OF INJURY (Home, form, (County Not While foctory, street, office bldg., etc.) of work ot work designoted 21. I certify that I took charge of the remains described above, held an Autapsy Inquiry 14 Inspection FUNERAL DIRECTOR: and in my opinion death resulted from Natural causes Accident L Suicide Undetermined manner Homicide retoined CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Health or **OEPUTY MEDICAL EXAMINER** NAME (Type Address (Street, city, town, or couply) BURIAL, CREMATION. 23d. LOCATION (City or Town) 0 2So. REC'O BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25b. VR ATSME (5)



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the death certificate be executed within 24 haurs after death. by the funeral Pages 1 and pup/ 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a STATE BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 1 DAY BALTIMORE FORT HOWARD campletely filled in ve carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STRFET ADDRESS e. IS RESIDENCE ON A FARM? 703 DEEPDENE ROAD NO [VETERANS ADMINISTRATION HOSPITAL YES 3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED JUNE 19 66 (Type or print) RIGIER DEATH GORMAN ELSWORTH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGF (In veors remove Months birthday) Dovs Hours WIDOWED DIVORCED HIGHST 23. 1896 1 69 yrs. MATE WHITE physician and 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **NDUSTRY** CONSTRUCTION HOWARD COUNTY, MARYLAND II.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME a en ELIZABETH RACINE SAMUEL RIGLER 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. VA HOSPITAL permit. (Yes, no, ar unknown) (If yes give wor or dates of service) FORT HOWARD, MARYLAND CLINICAL RECORDS YES TWWI 220 09 62 93 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit UNKNOWN DEATH PART I. DEATH WAS CAUSED BY: MCUTE MYOCARDIAL INFARCTION requires that IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse as the has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO YES TO FUNERAL DIRECTOR: After this certificate for 205, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Not While at work at work 21. I certify that (**(this haspital) attended the deceased from 6-17-66 10 19 saw the deceased alive an June 17 19 66, and that death accurred in 30 6-17-, 19-66that (*) (we) last be retained P.M. fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE 6-18-66 DIRECTOR PHYS. M.D. PHYS. director, page should be filed 22d. ADDRESS PHYSICIAN'S NAME (Type) WALTER M. STERN. M. D. VAH. FT. HOWARD, MD. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) 20 June 66 WOODLAWN CEMETERY BALTIMORE COUNTY. MARYLAND 2So. REC'D BY REGISTRAR 24. FUNERAL/DIRECTOR BURGER TUNERAL HOME 25b. REGISTRAR'S SIGNATURE Charles VR A15 (4) 20 M 1/660 3631 FALLS RD.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution; Residence before edmission a. COUNTY a. STATE b. COUNTY Baltimore Baltimore 25 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (ff outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) 2 hours after Fork, Maryland 21051 60vrs. Fork. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Fork, Maryland completely papers. YES NO 72 3. NAME OF First Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH withi carbon 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | AGE (In years | IF UNDER 1 YEAR and IF UNDER 24 HRS fast birthday) Months WIDOWED [DIVORCED MIDVE 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (County & State, or foreign done during most of working life, even if retired) Chase, Maryland Farmer & Sawmill U.S.A. Selfemployed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pleas Unknown Roberts Ida Blaklev aften Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror dates of service) Fork, Maryland 21051 Mrs Frances Roberts 18. CAUSE OF DEATH [Enter only one causa parline for (a), (b), and (c).] INTERVAL BETWEEN 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) burial-transit cremation DUE TO peen Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying Pur PHYSICIAN cause last. certificate the hospital as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION PERFORMED? prior use NO C for 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of Injury in Part I or Part II of item 18.) After this Health OR CONTRIBUTING | CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (State) may be retained DIRECTOR: Af jo factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. Pe 21. I certify that (I) (this hospital) attended the deceased from..... 19.0. Othat (1) (we) last pluods M, from the causes and on the date stated above. 22a. SIGNATU 22b. DATE ATTENDING -MFD SIGNED HOSPITAL FUNERAL page with t DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS filed i 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL CREMATION, 23b. (State) P & REMOVAL. (Specify) Md. Bel Air, Memorial Cemetery **ADDRESS** 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 death. ertificate be executed within 24 hours after death. the funeral ages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND vithin 72 hours aft b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town .= d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? filled NO [Middle DATE carban NAME OF First Year DECEASED 1966 event, DEATH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last_birthdoy) Dovs X WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY pub 14 MOTHER'S MAIDEN NAMI 13. FATHER'S NAME remavol, nermit. Then 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO OR ATTENDING PHYSICIAN: The law requires that the death (Yes, na, or unknown) (If yes give wor or dates af service 0 cremotian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise ta immediate cause (a). DUE TO stating the underlying couse prior to this certificate has been OS WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING [the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (State) 20d. INJURY OCCURRED (City or town) (County) 20c, TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour a.m. Nat While at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram_ 1941, to 6-14-1966, that (1) (we) las be retained and that death accurred at 6 40% M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF 6-15-66 DIRECTOR M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23g. BURIAL CREMATION. REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after Pages 1 urs after Baltimore MARYLANO Balto. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag thin 72 hours hours Fullerton Life E Fullerton filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? Belair 7615YES NO within 3. NAME DE First DATE Middle Last Year Month Day DECEASED OF remove carb remove carb n any event, 6 1966 (Type or print) DEATH Herman G Roesler executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIEO last birthday) Months Oays Hours WIDOWEO [OIVORCED [10 T9T7 = 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and ir COUNTRY? Bendix Friez Balto certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME ed by the attending phytransit permit. Then proceed, cremation, or removal, remova nnette 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) I (If yes give war or dates of service) death advs Belair Roesler 18. CAUSE DF DEATH [Enter only one cause/per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the signed by urial-transit PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) the buria, burial, c DUE TO TREA Cenditions, If any, which gave rise to immediate **OUE TO** (a), stating the as th underlying cause last. M.P. CERTIFICATION PART II. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAKED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED2 YES NO the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I of Part II of Item 18.) r this cert detached of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (Clty_or town) (County) (State) be de State Hour a.m. After Id be d While Not While p.m. 19 at work at work retained DIRECTOR: A age 3 should lied with the S 21. I certify that (I) (this hospital) attended the deceased from eath occurred at 6° saw the deceased alive on and M, from the causes and on the date stated above. SIGNATOR OATE SIGNED 22a. pe page STAFF DIRECTOR M.O. PHYS HOSPITAL FUNERAL 22c. PHYSICIAN'S director, p ADDRESS 23b. DATE THEREOF BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State) REMOVAL (Specify) 9 6/27 Parkwood Cem. Burial Balto, Co. Md. 24. FUNERAL DIRECTOR REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE AOORESS Lassahn Funeral Home 740I Belair Rd. VR A15 (4) 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH the funeral res 1 and 2 after death. 22 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY after Baltimore County

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 24 hours Mount Wilson MONTHS TIMORE = bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled 8. IS RESIDENCE ON A FARM? d. STREET ADORESS Mount Wilson State Hospital YES within etely carbon 3. NAME OF DECEASED Middle DATE Month Day Year Last 4. OF event, 1ARLES ILLIP (Type or print) DEATH 19 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove 7. MARRIED NEVER MARRIED last birthday) Months ! Days any WIDOWED [DIVORCED = 10a. USUAL OCCUPATION/Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) an ease during matthe working Life (even if retired) COUNTRY? and Fedder Adv. Agency LTIMOR death certificate FATHER'S NAME MOTHER'S MAIOEN NAME remova ed by the attending be-transit permit. Then, cremation, or remove sister 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Address INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Mary Ann Pastorak-3460 Cardenas Ave Records Mt. Wilson State Hospi been signed by the the burial-transit or to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) 002 DUE TO Cenditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Health PERFORMED? YES T NO 0 the hospital 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) this certil etached f Dept. of I TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det be de State factory, street, office bldg., etc.) Hour a.m. Not While at work After While ATTENDING 19 at work p.m. S should I with the S retained 21. I certify that (I) (this hospital) attended the deceased from 19/2 and that death occurred at 330 M, from the causes and on the date stated above. saw the deceased alive on-22a. SIGNATURE 22b. DATE SIGNED DIRI page ATTENDING MED. STAFF PHYS. DIRECTOR M.D. PHYS. director, pa HOSPITAL PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) Newcomer, M.D., Superintendent Mount Wilson. Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Ceme terv 5a. REC'D BY REGISTRAR 166 Baltimore National Schimunek Funeral Home, Inc. 25b. REGISTRAR'S SIGNATURE 1966 VR A15 (4) Brehms Lane 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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Chart 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	08173 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08159
HEALTH DEPT.	1. PLACE DF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Baltimore MARYLAND AMARYLAND
ressary, funeral e 5 may be Department after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Sparrows Point c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Sparrows Point
Page 5 State Dep	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) Plant Dispensary (Beth. Steel (0.) 828 Old North Point Rd. VES NO NO
ny dei 7, and 1M3. The S 72 hc	3. NAME OF DECEASED (Type or print) Frank William Scheller OF DEATH OF DEAT
노르는 문문	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lef under 1 year 1 f under 1 ye
uted within 24 hours after death. I' in pencil in Item 18. Give Pages Examiner's Office along with form sit permit. File pages 1 and 2 worr removal, and in any event with	10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired) Steel Worker 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) Steel Making Maryland 11c. CITIZEN OF WHAT COUNTRY? Steel Making Maryland 11d. MOTHER'S MAIDEN NAME
4 hours af Item 18. Office alon File pages and in ad	13. FATHER'S NAME William C. Scheller 14. MOTHER'S MAIDEN NAME Not known 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
within 24 pencil in 1 miner's 0 permit. Fi removal, a	no (1f yes give war or dates of service) 216054845 (atherine Sullivan 7829 Westmoreland
uted wi in per Examin nsit per	18. CAUSE DF DEATH [Enter only one cause per line foy (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) OROMAN OCCUSION INTERVAL BETWEEN ONSET AND DEATH
KAMINER. This certificate should be executed within certificate, writing the word "pending" in pencil liuld be forwarded to the Chief Medical Examiner's s.s.: Page 3 should be used as a burlal-transit permit.	Conditions, if any, which gave risa to immediate cause (a), stating the DUE TO DUE TO DUE TO (b) A - S-C-V - DI S-EAS-C DUE TO
ficate shoul the word o the Chief used as a to burial, c	underlying cause last. (c)
R: This certifica cate, writing the forwarded to the 3 should be use agent, prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ADVIDEY PERFORMED? YES NOTE: NOTE: 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) E
VER: Thii Tcate, v e forwa e 3 shor d agent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work 19 at work 19 at work 19
XAMINE XAMINE Certifica 4 should be in files. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
5 2 0 a 6	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER () 22. DATE SIGNED
O DEPUTY MED please executed director. Page retained for y O FUNERAL DIS of Health or it	EXAMINER'S M.B. DAVIS M.D. GOO MORE Street Lity, furging county) Line fact 6-15-6 NAME (Type) 23a. BURIAL CREMATION 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 123d. LDCATION (City, town or county) (State)
TO DE plea directa reta TO FU	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (state) HOLY Redeemer (em. Baltimore, Md. 24. FUNERAL DIRECTOR 25b. REGISTRAR 25b. REGISTRAR 3 SIGNATURE
VR AISME (5) 5M 1/65	Leonard J. Ruck Inc Baltimore, Md. DATHIN 17 1966 Icharles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Pages 1 and 2 urs after death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE Maryland b. COUNTY Baltimore after Baltimore MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours 24 hours 21057 filled in Baltimore Glen Arm d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? St. Joseph 's Hospital Wagon Wheel Rd. NO.K YES executed within completely carbon 3. NAME OF Month Day First Middle DECEASED 1966 E. William SCHEMM June (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. and con NEVER MARRIED white male 58 WIDOWED DIVORCED 1/25/08 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Mech. Eng. INDUSTRY COUNTRY? that the death certificate be USA Bendix Radio Maryland phys 7 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Ruth V. Swann attending permit. Then William C. Schemm 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Address 17. INFORMANT transit permit. (Yes, no, or unkown) (If yes give war or dates of service) 212-01-1382 (Same) Mrs. Meta G. Schemm INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] al-transit signed by PART I. DEATH WAS CAUSED BY: Myocardial Infarction PHYSICIAN: The law requires that t the hospital or attending physician. IMMEDIATE CAUSE (a) Jing the purial, control of the purial, control of the purial, control of the purial, control of the purial of the DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the has be as th prior t underlying cause last. WAS AUTOPSY ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate higher than the state of the salth part. PERFORMED? YES NO DO CERTIFIC 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL (State) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year be det State D factory, street, office bldg., etc.) Hour a.m. While Not While After retained by at work at work 1966 19 66, that (I) (we) last May 6 June 2 DIRECTOR: A age 3 should led with the 3 P 21. I certify that (I) (this hospital) attended the deceased from June 2 the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING PHYS. STAFF PHYS. June 2. 1966 DIRECTOR M.D. Page 4 may 1 22d. ADDRESS FUNERAL PHYS CIAN'S director, p NAME (Type) 7620 Yord Rd. Towson Md. Ruben S. Sebastian M.D. 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. Cremation 2 6/4/66. Greenmount Crematory Baltimore REGISTING 25b. RECESTRAPS SIGN 24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Inc. Balto. Md. 21214 VR AI5 (4) DATE 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08176 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPJ PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 2, and 3 to PM3. Page o. COUNTY Baltimore b. COUNTY death Illinois of MARYLAND partment b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 write RURAL and give pearest town) after Wheaton Hereford A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? form Del haurs 202 South Woodlawn Harrisburg, Expressival ate YES NO DC after death. alang with NAME OF Middle 4 DATE 5 Month Dov Year DECEASED the Shirley Schmitt June 23. 1966 within Lunn (Type or print) DEATH 19 with S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH (In veors 7. MARRIED NEVER MARRIED lost birthdoy) Months White Doys Hours Female November 13 WIDOWED haurs DIVORCED Office Item] 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) High School 24 Examiner's within 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME Schmitt Gloria Ingersol File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, ng, or unknown) (If yes give wor or dates of service remayal Family Information None 18. CAUSE OF DEATH (Enter only one couse per line. burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (o) ward certificate shauld crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse D lost. burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION certificate. p 20o. EXTERNAL CAUSE WAS agent, priar 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY_Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (County) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page please execute designated 21. I certify that I took charge of the remains described above reld on Autopsy & Inspection [Inquiry ond in my opinion funeral directar. deoth resulted from Accident C Noturol couses Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY pe ar DEPUTY MEDICAL EXAMINER O'Donnell, M.D. Charles may Address (Street, city, town, or county) the BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. (County) (Stote) 0 Removal Specify) heaton. 24. FUNERAL DIRECTOR BY REGISTRAR VR A15ME (5) John Burns Sons, Towson. 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funeral pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Baltimore o. STATE Maryland b. COUNTY Baltimore ve carban papers. Pages 1 event, within 72 hours after MARYLAND requires that the death certificate be executed within 24 haurs after filled in by the c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write PURAL and give nearest town) 2YEARS Timonium d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 152 Springside Dr. 152 Springside Dr. YES NOXX 3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED LOUISA E. SCHULTHEIS June 12, 1966 (Type or print) DEATH 19 9. AGE (In years 8 gast birthday) NEVER MARRIED XXX 8. DATE OF BIRTH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED Female White Sept. 9, 1876 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Dept. Store COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Schultheis Elizabeth Levery Lawerence 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, nego; unknawn) (If yes give war or dates of service) 212-10-4165 Mrs. Esther M. East. Same as ## 2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit burial, cremat sectensive Cardin Vascular Disease ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause the 19. WAS AUTOPS)
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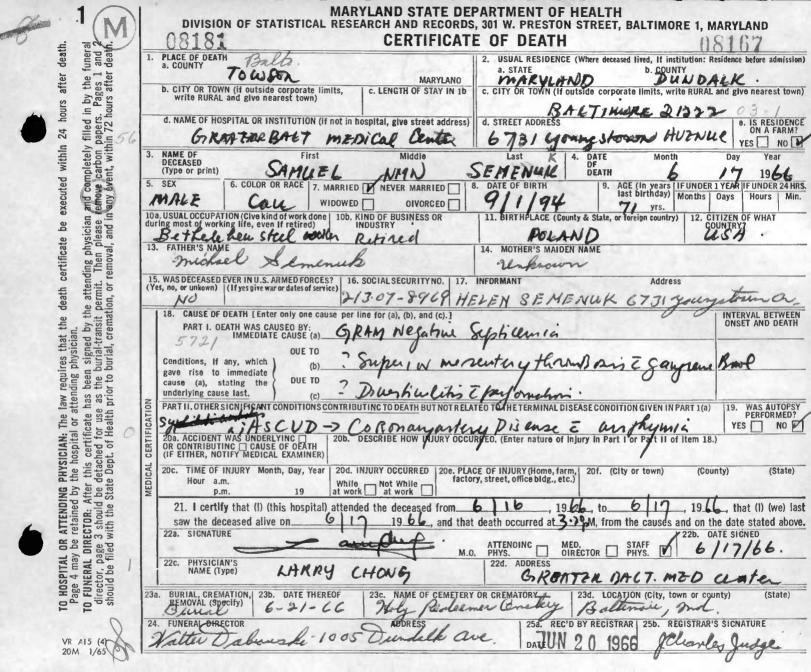
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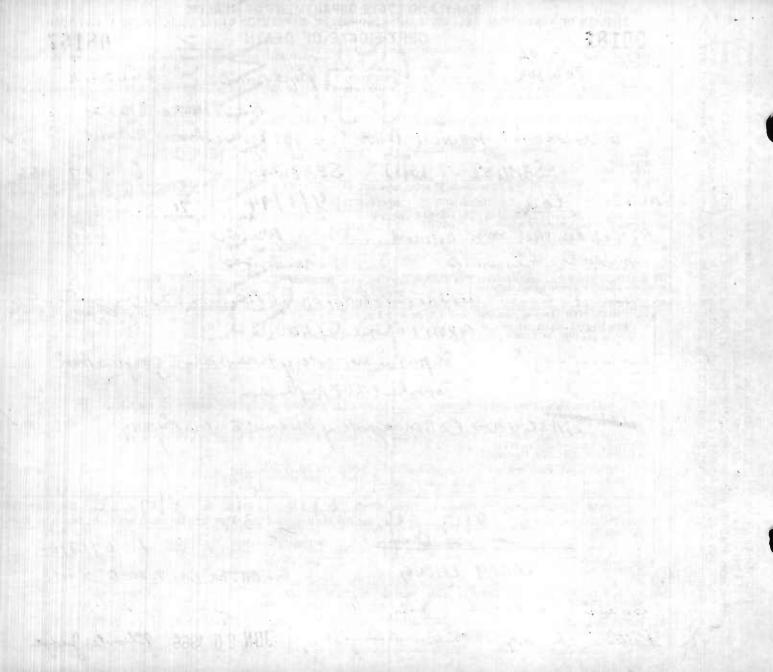
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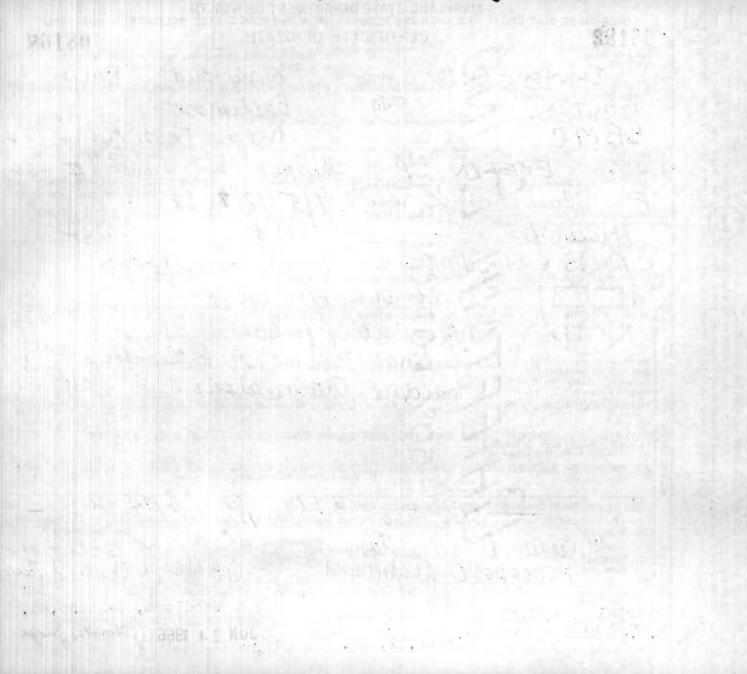
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OR DE SE 3		ANDRIEDU D- Meantanam. D. ATTENDING MED. STAFF 6-124-66
RAL RAL		220. PHYSICIAN'S MERCEDES O. ALCANTARA 22d. ADDRESS GBMC; N Charles St. Towis
O HOSPITAL OR ATTER Page 4 may be retain O FUNERAL DIRECTOR director, page 3 should be filed with th	23	13. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08183 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) redeloy it and 3 to 3. Poge o. COUNTY o. STATE b. COUNTY Baltimore 50 death. Balto. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write-RURAL and give negrest town) ofter 15 yrs. Glyndon d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours form 85 Railroad Ave. 85 Railroad Ave. Give Poges NO DC ofter death. NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED Ethel Smith 17. June 19 66 (Type or print) DEATH August 18, 1898 S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 24 HRS. Item 18. lost birthdoy) Months Doys Female Colored WIDOWED DIVORCED 24 hours 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housework 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Virginia = USA Chief Medicol Exominer's ONV pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within = Ercenis Smith Lizzie Homes puo 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no orunknown) (If yes give wor or dotes of service) permit. removal 213-50-1926 Mr. Allen Smith Reisterstown, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Congestive Heart Failure 0 mos writing the word cremation, DUE TO forwarded to the Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 00 burial nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO X designated ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 1B.) 3 should PRIMARY Or CONTRIBUTING L'AL EXAMINER: CAUSE OF DEATH none 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Poge While Not While of work none of work 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my apinian death resulted fram: Natural causes 32. Accident Suicide Undetermined manner Hamicide | CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY 6-20-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** D. D. Caples, M. D. 6 Hanover Rdadre Resistenstowny) Md. Health NAME (Type) 23b DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 0 6/20/66 St Lukes Cemetery Reisterstown, Md ADDRESS 24. FUNERAL DIRECTOR VR A15ME (5) J. F. Eline & Sons Reisterstown, Md.

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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	ORE 1. MARYLAND
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in by Pag		write RURAL and give nearest town) A MOS. BALTIMORE	30-4
24 hour filled in papers. In 72 hour		d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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e be executed within 24 hours sician and completely filled in by the papers. Pagade in any event, within 72 hours		6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE DF BIRTH 9. AGE (In years last birthday) 82 WIDDWED DIVDRCED March 18, 1884	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Sician 2	10a dur	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country luring most of working life, even if retired)	y) 12. CITIZEN OF WHAT COUNTRY?
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that the death certificate be sician. Including physicial altransit permit. Then place al, cremation, or removal, and also constitute the state of t	(Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address, no, or unknown) (If yes give war or dates of service) No None 218-46-2380 MRT. M. L+0 N CORRI)	8404 MACAULEY
the d y the sit p		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
that ician lician ned the Il-tran		IMMEDIATE CAUSE (a) 11 yourself of projection	menutes
ires 1 phys sign buria buria		Conditions, if any, which by Arterio schools	years
required been the the or to	3	gave rise to immediate cause (a), stating the underlying cause last.	9
e law atter e has se as th pri	TION		PART 1(a) 19. WAS AUTOPSY PERFORMED?
At The tal or life tal for under the tal	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED, (Enter nature of injury in Part I or Part II	of Item 18)
PHYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed by detached for use as the burial-trance Dept. of Health prior to burial, cre			of item 20.7
200 G	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED While at work at work at work 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)	(County) (State)
ENDII ained JR: Ai ould the S		21. I certify that (I) (this hospital) attended the deceased from 1-20, 1966, to 6-14 saw the deceased alive on 6-8 1966, and that death occurred at 11:00 PM, from the causes	, 19 <<, that (i) (we) last
R ATT E rets 3 sh with		22a. SIGNATURE	22b. DATE SIGNED
AL OIL DIII page		22c. PHYSICIAN'S M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	6-14-66
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR. After director, page 3 should be should be filed with the State		NAME (Type) Lavid I. Miller Liuson Rd. Owi	up Mills, Md
Page To Fi	23a	Burial Company June 17.1966 Loudon Park 23d. Location (City, to Remote Loudon Park 23d. Location (City, to Remote Loudon Park Baltimore	
8	24	24. FUNERAL DIRECTOR ADDRESS 252 REC'D BY REGISTRAR 25b.	Md REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	9	Wm. V. Picknes & Sons M. + Pa. Aves-17-Mol DATE N 17 1966 Jo	harles Judge

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 9 2. USUAL RESIDENCE (Where decessed fived, If Institution Residence better edmission) e. COUNT b. COUNTY MARYLAND b. CITY OR TOWN (if bulside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWK limite, write RURAL and give nearest town) give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give style) eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO X 3. NAME OF Middle DATE DECEASED OF (Type or print) Lee DEATH 5. SEX MARRIED NEVER MARRIED 8. DATE OF BIRTH MF UNDER 1 YEAR IF UNDER 24 HRS Veers Hours DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Plant Supervisor J. H Filbert Baltimore. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert R. Smith Ella Siblev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes no, or unkown) (Ifyesgive weror deles of service) Alice G. Smith (Wife Same War L 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office al DUE TO burial Conditions, if eny, which geve rise to immediate cause DUE TO (a), sleting the underlying SS cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT (O) RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 plnods 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 3 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer (County) (Stote) fectory, street, office bldg., etc.) While Hour a.m. at work at work prior 5 G S S 21. I certify that I took charge of the remains described above, held en Autopsy Inspection X end in my opinion forwarded t death resulted from Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for M.D. SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Moreland Memorial Park Baltimore. Md. 0 g40 Burial 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR Eugenia K. Seitz 5209 York Road Seitz Funeral Home Baltimore. VS. A15ME 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY o. STATE MARYTAND BALTIMORE BALTIMORE MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, 52 DAYS BALTIMORE d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3051 ARIZONA AVENUE VETERANS ADMINISTRATION HOSPITAL NO Z NAME OF Middle Lost 4. DATE Month First Adrbon completely DECEASED 66 LEROY JUNE ROBERT SNYDER 19 DEATH (Type or print) IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthdoy) APRIL 11, 1923 MALE WHITTE WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR U.S.A. **INDUSTRY** during most of working life, even if retired)
TOOL & CUTTER GRINDER Greenville, Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME FLORENCE STOYER ELMER B. SNYDER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no nounknown) (If yes give war or dotes of service) 172 16 13 36 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSER AND THE -transit PART I. DEATH WAS CAUSED BY: ADENOCARCINOMA OF COLON IMMEDIATE CAUSE (o) signed by DUE TO burial Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse **DIRECTOR:** After this certificate has been the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work 6/6/66 , 19___, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceosed from saw the deceased alive an 6/6/66 19 , and the deceased alive an 6/6/66 19 ... 4/10/00 19 ____, and that death occurred at 11:55PMam couses and on the date stated above. 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF 6/7/66 M.D. DIRECTOR PHYS. directar, page 3 shauld be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) VAH FORT HOWARD, MARYLAND JORGE A. FABARA. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) BALTIMORE, MARYLAND LOUDEN PARK NATIONAL BURTAL ADDRESS HOME BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 WATITIMORE MD. TOCH RAVEN BIVD. Milanelles Judge 1966

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		Divisian of STATISTICAL RESEA		PARTMENT OF HEALTH W. PRESTON STREET, BALT	IMORE, MARYLAND 21201
		08192	CERTIFICATE	OF DEATH	08178
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certific g phys Theo movel		FATHER'S NAME HArris VA	ffe	14. MOTHER'S MANDEN NAME EVA	CAPLAN
deoth uttendin ermit. n, or re	IS. (Ye	s, no, ar unknown) ((If yes give war or dates of service)		IFOR MANT AMALIMAN MAMMAMMAN MAMMASAM MAMMAMATASA	MMMMM Add DR. ALBERT JAFFE
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 should be detached for use as the buriol-transit permit. They press remove carbon papers. Pages 7 and 2 ed with the State Dept. af Health prior to buriol, cremotion, or removel, and in any event, within 72 hours after death.		18. CAUSE OF DEATH (Enter anly ane couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), starting the underlying cause last. (c)	(a), (b), and (c).) Erdis pulsus ellalizas a	very fuiles	INTERVAL BETWEEN ONSET AND WAIL 3 . 4 . J.
t: The law re or attending te hos been use as the alth prior to	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
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TENDIN vined by OR: After ould be out the Stor		21. I certify that (I) (this hospital) attends aw the deceased alive an 2	led the deceased fram	6- 9- , 1966 , death occurred at 1:20 A	M, fram causes and on the dote stated above
D HOSPITAL OR ATTENE Poge 4 may be retoined D FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22a. SIGNATURE 22c. PHYSICIAN'S	n M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF D 22b. DATE SIGNED 6-22-66
TO HOSPITAL Poge 4 moy TO FUNERAL I director, pog shauld be fill	20	NAME (Type) L. DE JAYN		BALTO., COUNT	Y GENERAL HOSPITAL
TO HO Poge TO FUN direct shou	1	BURIAL CREMATION, 23b. DAYE THEREOF GIRLS AND ALE THEREOF GIRLS AN	BALTO HEBREW		OCATION (City or Town) (County) (State) RETSTERSTOUN MARYLAND
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1	1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
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	in by	1	Mount Wilson MM US Leonwig Van	18-2
	filled in by papers. Pa	١,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS About Wilson State Hospital	e. IS RESIDENCE ON A FARM? YES NO
	uted within 24 hours a completely filled in by the carbon papers. Page event, within 72 hours	3.	NAME OF First Middle Clast + 4. DATE Month OF	Day Year
		5.	SEX 6: COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER)	19 Colo 1 YEAR IF UNDER 24 HRS Deys Hours Min.
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	ate b hysici pleas pleas il, and		FATHER'S NAME 14. MOTHER'S MAIDEN, NAME	7(3)
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	requires that the death certificate be ding physician. been signed by the attending physicial the burial-transit permit. Then please or to burial, cremation, or removal, and	CY	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unkown) (If yes give war or dates of service) 220-16-4390 Records, Mt. Wilson State Hos	pital
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	ires that the deat physician. n signed by the at burial-transit pern burial, cremation,		Conditions, If ony, which) (b) Far advanced Pulmonary Typeruslasis	
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	the the dete	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e.m. While at work of two	nty) (State)
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	y be r		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 0	-1-46
	TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		Wm. New Comer, M.D., Superintendent 22d. ADDRESS Mount Wilson State Hosp	ital
	Page Page direct	23	REMOVAL (Specify)	(State)
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1		~ (M	1	08195	CE	RTIFICATE	OF DEATH		08181
6	death	funeral s 1 ond 2 ter death.	A.	PLACE OF DEATH o. COUNTY			o. STATE	here deceosed lived, if institution b. COUNT	n: Residence before admission)
	after	ne fu Jes 1 afte	-	BALTIMORE b. CITY OR TOWN (If autside corparate write RURAL and give nearest town	limits, c. LENGTH OF	MARYLAND STAY IN 1b	c. CITY OR TOWN (If gut	AND side carporate limits, write RUR	AL and give negrest town)
	urs	Page Urs		write RURAL and give nearest town FORT HOWARD	1 DA		BALTIMORE		2 1 4
	od 1	in lers. 2 ho		d. NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS	4.50	e. IS RESIDENCE ON A FARM?
	n 24	pod una 27	1	VETERANS ADMINIST	RATION HOSPITAL		2711 East	Biddle Street	YES NO X
	vithi	oon with	3.	NAME OF DECEASED	First Midd	lle	Last	4. DATE Month	Day Year
	o pa	cork ent,	-		ORGE		TAINBACK	DEATH JUNE	25 19 66
	ecut	cian ond completely filled in by the fur ease remove corbon papers. Pages 1 and in ony event, within 72 hours after	3.		AA	ARRIED 8.	DATE OF BIRTH	9. AGE (In years	Manths Days Haurs Min.
	e ex	rem non	10	MALE NEGRO o. USUAL OCCUPATION (Give kind of wark	done 10h KIND OF BUSINESS	OR I		State, or foreign country)	12 CITIZEN OF WHAT
	e pe	an case	di	ring most of working life, even if retired) LABORER	CHEMICAL P	TANTO	BALTIMORE		12. CITIZEN OF WHAT COUNTRY?
	ficot	Sec	1	. FATHER'S NAME	Onbaroati	TIME!	14. MOTHER'S MAIDEN N	AME	LaDalla
	certi	288		GEORGE STAT	NBACK	V 100	HENRIETTA	JACKSON	
	÷ c	it. T	1	. WAS DECEASED EVER IN U.S. ARMED FOR es, na, or unknown) (If yes give war ar d	CES? 16. SOCIAL SECURITY	NO. 17. INF	FORMANT	VA HOSPI	TAL
	de	ermi ermi n, o	Ľ	YES WW I	216 16 6		INICAL RECO	RDS FORT HOW	IARD, MARYTAND
	that the	signed by the ottending physician buriol-transit permit. Then please burial, cremotion, or removal, and i		1B. CAUSE OF DEATH (Enter only or PART 1. DEATH WAS CAUSED BY IMMEDIATE C	AUSE (0) MALIGNANT 1		SION WITH	ORENAL FAILURE	UTAKNOMI BETWEEN
	physician.	iol-tr al, c		Conditions, if ony, which gave	DUE TO				
	equi	sign buri buri		rise ta immediate cause (o),	(b)				
	w r	the r to		stating the underlying couse lost.	(c)				
	PHYSICIAN: The law requires that the deoth certificote be executed within 24 hours after death e hospitol or attending physician.	for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to	ATION	PART II. OTHER SIGNIFICANT CONDITION		OT RELATED TO THE	E TERMINAL DISEASE CONI	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES XXX NO
	PHYSICIAN	certificot hed for it. of Hec	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJ	URY OCCURRED. (En	nter nature of injury in P	art I or Port II of item 1B.)	
	VG PH	er this certi e detached ote Dept. of	MEDICAL	20c. TIME OF INJURY Manth, Day, Ye Haur o.m. p.m.	19 While Not While at wark	factory	OF INJURY (Hame, farm, ,, street, office bldg., etc.)		(County) (State)
	NON P p	d be Street			hospital) ottended the dece	ased from 6	/24/66 , 19	, to 6/25/	, 19 <u>66</u> , that X (1) (we) los
	TTE	OR. H th		saw the deceased alive o	n 6/25/ 19 6	6, and that a	death occurred ot	205 MM ram causes a	nd an the date stated above
	OR ATTENDING be retained by th	OIRECT le 3 sl ed wit		County	ralia.	M.D.	PHYS.	MED. STAFF PHYS. XXX	22b. DATE SIGNED 6/28/66
	Page 4 moy	D FUNERAL DIRECTOR: After the director, page 3 should be de should be filed with the Stote		22c. PHYSICIAN'S NAME (Type) RAUL I	Decastro, M.	D.	VA HOSPI	TAL, FORT HOWA	ARD, MARYLAND
	HOS ge 4	recto noulc	23	a. BURIAL, CREMATION, REMOVAL (Specify) 7		F CEMETERY OR CRE		23d. LOCATION (City or Tow	
	5 P	5 4	-	Burial ///		more Nat			, Maryland ISTRAR'S SIGNATURE
	V	/R A15 (4)		4. FUNERAL DIRECTOR	1304 N	S Central	Ave.		Charles Judge
	2	1 1 100 M	L	JOSEPH G. LOCKS,	IR. Baltimo	re, Mary	land DAIL OU	יא ססכו טניוו	merces frage

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	Truncant, inc.	

	08196	CERTIFICATE	OF DEATH		0.3	8182
1.	PLACE OF DEATH . COUNTY Baltimore	MARYLAND	e. STATE	NCE (Where decessed lived, If I b. COUN	TY	imore
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write		كالمراجعة والمراجعة
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	23 yrs.	d. STREET ADDRESS	consville 21228	0 3	. IS RESIDEN
	13 Melvin Avenue		13	Melvin Avenue		YES NO
3.	NAME OF First DECEASED (Typa or print) MARY PRISC	ILLA STARR	Last	4. DATE Month OF DEATH	June	1011
S.	SEX 6. COLOR OR RACE 7. MARRIER WIDOWEI		ept. 3, 189	9. AGE (In yeers lest birthdey) 74. yrs.		R IF UNDER 24 H
10 de	one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co.	unty & Stete, or foreign country)		OF WHAT COUNT
13	House wife FATHER'S NAME	Own home	Howard Co	Maryland NAME	U. S	. A.
15	George Franklin Cur			Elizabeth Wehls		
	as, no, or unkown) (Ifyesgivewerordetesofservice)		NFORMANT	Catonsville, dddress	Md. 21	
-	NO 23 18. CAUSE OF DEATH [Enter only one ceuse per li	L6-46-9880 Mrs	. Elizabeth	Sullivan 13 Me	elvin Av	PENUE BETWEEN
	PART I. DEATH WAS CAUSED BY:	rome a	eclia	i.		ONSET AND DEATH
	DUE TO 1/	7	21 2			
	Conditions, if eny, which \ (b)	nekiser	CV Dea	ien		15-400
	gove rise to immediate cause (a), stating the underlying cause lest.					
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOP PERFORMED YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	O. (Enter nature of injury	in Pert I or Pert II of item IB.)		
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. I Hour a.m. While p.m. 19 at work	Not While fecto	CE OF INJURY (Home, fellory, street, office bldg., el		(County)	(Stete)
	21. I certify that (I) (this hospital) attends saw the deceased alive on	1 1	(/	1934 to the causes a		that (I) (we) date stated abo
	220. SIGNATURE	ime D M.		MED. STAFF DIRECTOR PHYS.		22b. DA SIG
	22c. PHYSICIAN'S NAME (Type) Leon A. Koch	mor, M.D.	22d. ADDRESS 12/4/	Vi Calvert St-	Boltin	nor has
23	a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, tov		(Stete)
_	Burial 6/10, 1966	St. Johns Ce	metery	Ellicott Ci		
24	Funtan Francis Signature	ADDRESS Catonsv	ille, Modal	IN 13 1966 20	Clarles	ATURE
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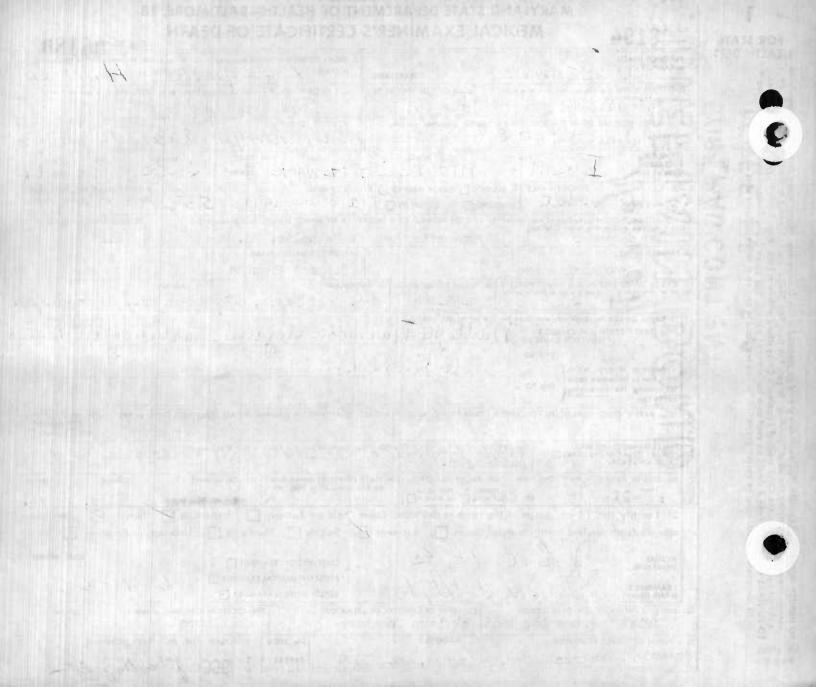
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08194 FOR STATE Reg. Dist./No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Ryland COUNTY MARYLAND b. CITY OR TOWN III outside corporate limits. JENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give nearest town) PWOOd d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 140 East bound YES NO TO NAME OF DECEASED OF DEATH (Type or print) 19 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE Itn years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours WIDOWED-F DIVORCED [10a. USUAL OCCUPATION (Give kind of wark done during mast of warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Domestic Housekeeper Magnolia, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Buchanan Moore Rachael Preston 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ill yes, give war ar dates of service! 220-36-0447 Mrs. Gust Manos, 601 Banyan Rd., Edgewood, Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c). PART I, DEATH WAS CAUSED BY Mstan IMMEDIATE CAUSE (a) DUE TO a troken nech. Conditions, if any, which; gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO F 200. EXTERNAL CAUSE WAS PRIMARY D'or CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. [Epter noture of injury in Port I or Port II of item 18.]
Thrown into dash of car in which she was front right seat passenger. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while 2:03xxx 6 Aat work of work Street 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . DIRECTOR opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner FUNERAL DIRECT ITS designated of DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Raltimore Oak Lawn Cemetery 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME Howard K. McComas & Son, Abingdon, Md. 21009 5M 2/57



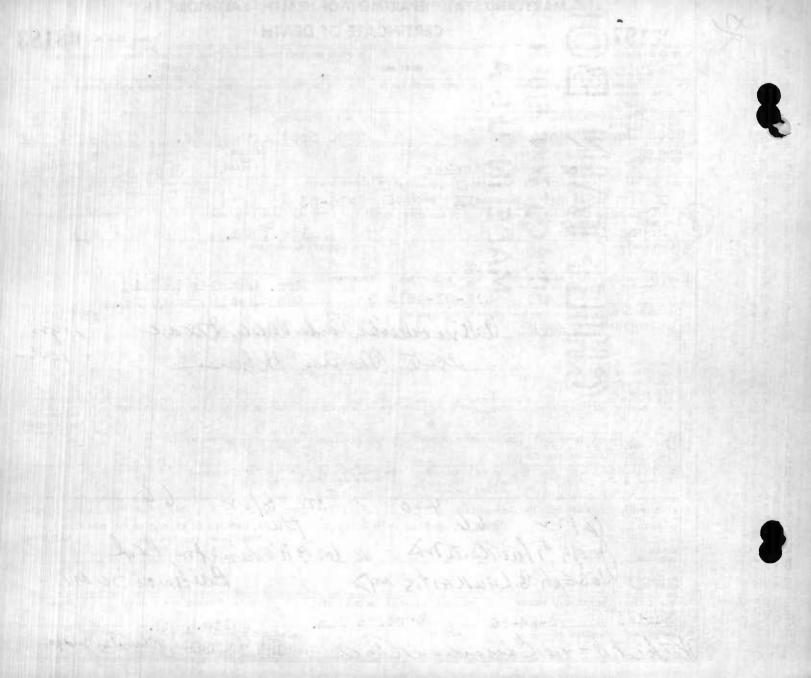
	08	197			CERTI	FICA	ATE OF DEAT	TH		Reg. Dist.	No. () 8	2183
M	PLACE O		e		MARY	AND	2. USUAL RESIDENCE (V	Where deceas	b COUNTY		before admi	ssion)
	b. CITY (OR TOWN (If and give nea	outside corporate limi rest town)	ts, write	c. LENGTH OF STAY	N 16	c. CITY OR TOWN (I	f outside corp			nearest tax	vn)
	d. NAME	OF HOSPITA	L (If not in haspitol, g	ive street o	(ddress)		d. STREET ADDRESS				03-1	SIDENCE
00	5505	ISTITUTION	herwood			-31	5505 Heatl	nerwo	od Rd		ON	A FARM?
	3. NAME C DECEASE (Type or	F D	Gertrud	st	Middle toeker		Last	4. DATE OF DEAT	Mar		Day	Yeor 19 66
	5. SEX				ED NEVER MARRIE		B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		
-	F		Wh	WIDOWE	22.2		9-15-83		last birthdoy) 82 yrs.	Manths Do	ys Hour	Min.
	10d USUAL during	OCCUPATION	N (Give kind af work	done 10b. I	CIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPLACE (Sto	te or foreign	country)	12.CITIZE	OF WHAT	COUNTRY
13	Ho	usewi					Balto.				USA	
	13. FATHER	SNAME					14. MOTHER'S MAIDEN	NAME				
				Bin	- 20 10							
	15. WAS DE (Yes, no, or un	CEASED EVER	IN U. S. ARMED FOR yes, give war or dates of s	CES? 16. S	OCIAL SECURITY NO.	11	Mrs Mrs	. Cha	rles Hed	Iwig		
					12-01-461	6 D	550	5 Hea	therwood			
				use per line	e far (a), (b), and (c).	1	P 1 71		0 -		INTERVAL E	
			H WAS CAUSED BY: IMMEDIATE CAUSE (o	, W	illres Hell	vole	e ander V	scalar	pean	2		ys
	-	1221	DUE TO		A - 4	0	N) 1				10
		itians, if any)	acule	(0)	arlear of	Riler	-			
		rise to im (a), stating th										
		cause last.) (c)								
0	CATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS <u>Co</u>	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	/EN IN PART 1	PERF	ORMED?
	20a. AC	NTRIBUTING [UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OF	CURRED). (Enter noture of injury i	n Part I or Pa	ort II of item 18.)			
		E OF INJURY our o. m. p. m.	Month, Doy, Yes	While	JURY OCCURRED Not while at work		CE OF INJURY (Home, fa tary, street, affice bldg., e		ty or town)	(Cou	nty)	(State)
	21, 1	certify tha	it I attended the	decease	d from 4=10		1950 to	6/22	196	that I last	saw the	decenser
95.	alive		10/22	19 6	/ /	death	accurred at 1990	M from	the causes ar			
		0	. 0	0	e and mar	000111	decorred diagram	ADDRESS (Street, city or town,	state)	DA	TE SIGNE
-80	ACTUA	URE A	creph 5 h	aull	arty MA		40 679W	axus	cetor 1	Shot-		
1	PHYSIC NAME	IAN'S	OSEPH B	LAU	LKAITIS	M	>		Baltine	one 30	OMI)
0	REMOV	CREMATION (AL (Specify)	6-2.4		22c. NAME OF CEME		crematory	22d. LOC.	ATION (City, town,	or caunty)	(St	ote)
2h	23. FUNERA	L DIRECTOR'S		0,	ADDRESS		7 24a. RE	C'D BY REGI	STRAR 246. REGI	STRAR'S SIGN	ATURE	
Vil.	14.7h	1.71	1-41016	dm	redson 1	1h	DATE	UN 2 5	1966	Charle	o Jud	The same of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

er death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauri

VS A15 (4) 15M 9/58



STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edinission) PLACE OF DEATH e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give naerest town write RURAL and give naarest town) NECWG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) . IS RESIDENCE YES NO L 3. NAME OF DECEASED (Typa or print) 7. MARRIED NEVER MARRIED IF UNDER 24 HRS WIDOWED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Balto. Co., Schools School leacher alitornia 13. FATHER'S NAME Robert B. Waldeisen Laverne (. Terry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Address (Yas, no, pr unkown) | (Ifyesgivawarordatasofsarvice) Family records None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CRUSHING INJURIES TO SKULL CHEST + ABDOMEN DUE TO Conditions, if eny, which (b) gave rise to immediate causa DUE TO (e), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY PERFORMED? NO I 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. CAR IN WHICH DECEASED WAS 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry ... death resulted from: Natural causes Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED lease exects should be reconstructed by FUNERAL M.D. 22a, BURIAL, CREMATION, 22b, DATE THEREOF Removal Burial July 1, 1966 Montoursville Cemetery Pontoursville. VR A15ME John Burns Sons, Towson, Maryland 5M 1/62

the second the second second the second second similar description and a sure that Leveline 1. Te allevent There is the second of the sec Source Control Will to the Contamount de Constate Control of the selection o'n was "san, Taken, and an Department age to the

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08193 CERTIFICATE OF DEATH be executed within 24 hours after death. and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 haurs after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Carroll Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b lhyr2mth2hdys Sykesville. Maryland d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) HOSPITAL SPRING GROVE STATE none YES NO X 3. NAME OF Middle 4 DATE First Last Day Year DECEASED D. Stoneking Jesse 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 MR Shbirthdoy) Months Days Haurs Sept. 24, 1909 white DIVORCED male WIDOWED 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b. 11. BIRTHPLACE (County & State, or foreign country) U. S. please during most of working life, even if retired) INDUSTRY physician State roads Illinois laborer 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phys removal UNKNOWN Annie Zacharv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT PHYSICIAN: The law requires that the death (Yes, no, or unknown) (If yes give wor or dates of service) 220-18-0506 Records: SPRING GROVE STATE HOSPITAL unknown crematian, 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. DUF TO Conditions, if ony, which gave rise to immediate cause (a). DUF TO as the priar to b stating the underlying couse has been WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? far use Health NO O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur o.m. factory, street, affice bldg., etc.) Not While ot wark at work 21. I certify that *() (this haspital) attended the deceased fram. 13. 19 52 ta . 1966, that (I) (we) last March saw the deceased alive an Jone 7-66 1966, and that death accurred at 7P. M, fram causes and on the date stated above 220. SIGNATURE DATE SIGNED ATTENDING director, page 3 should be filed v M.D. **OIRECTOR** PHYS 22d. ADDRESS SPRING GROVE STATE HOSPITAL 22c. PHYSICIAN'S NAME (Type) 21228 Baltimore, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Jown) 23o. BURIAL CREMATION (County)/ (State) BEMOVAL (Specify) 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 Musiles

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 68200 within 24 hours after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND BALTIMORE BALTIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) ARBUTUS ARBUTUS e. IS RESIDENCE ON A FARM? and completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS within 72 5554 LINK AVENUE 21227 YES NO X 5554 LINK AVENUE 21227 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED 19 66 **EDNA** STREETI M JUNE (Type or print) MARY DEATH be executed AGE (In years JE LINDER 1 YEAR IF LINDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months WIDOWED DIVORCED 61 yrs. FEMALE. WHITE AUGUST 14 1904 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of warking life, even if retired) INDUSTRY requires that the death certificate HOUSEWIFE II S A VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova EMMA J. HARTMAN ROBERT E. BROMWELL 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates of service) MR. MARION V. STREETT, 5554 LIND AVENUE #27 NO NONE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH buriol-tronsit PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ DUE TO signed 1 Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause this certificate has been WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour o.m. Not While foctory, street, office bldg., etc.) ot wark ot wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. . 1966, that (1) (web last saw the deceased alive an Jerre 131966, and that death accurred at K. 70 M, from causes and an the date stated above 220. SIGNATHRE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 5609 MAIN STREET. ELKRIDGE BRUCE BRUMBAUGH 23d. LOCATION (City ar Town) (County) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. TREMOVAL (Specify) 6-6-66 LOUDON PARK CEMETERY BALTIMORE, MARYLAND 25b. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR OWARD H. HUBBARD, 4107% WILKENS AVENUE 21229

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	ed v	-	Type or print) JONN D.	Sullivan DEATH June 22	19 66	
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	cate	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	S.A.	
	phy en ava	100	Dennis Sullivan	Margaret Callahan		
	em The	15.	WAS ASSESSED BYEN IN U.S. ADMISS FADORED. IV COCKIN COCKIDITY NO. 1.17	. INFORMANT Address		
	equires that the death certificate b physician. signed by the attending physician. burial-transit permit. Then please burial, crematian, ar remayal, and	(Y	s no or unknown) (If yes give wor or dates of service)	s. John D. Sullivan 938 Star	bit Rd.	
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	G PHYSIC the haspi this certi detached ie Dept. a	MEDICAL		LACE OF INJURY (Home, form, Octory, street, office bldg., etc.)	ounty) (Stote)	
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	d by Affee d be e Sta	: 1:	21. I certify that (1) (this hospital) attended the deceased from_		66 that (1) (we) las	
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	OR ATTENION be retained DIRECTOR: A ge 3 shauld ed with the		220. SIGNATURE (SOURCE My)	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	DATESIGNED 166	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then places remove carbon papers. Pages 1 and should be filed with the State Dept. af Health priar ta burial, crematian, ar remayal and it any event, within 72 haurs afterdeath		22c. PHYSICIANS/ ngeborg W. FROMM, MD	22d. ADDRESS University F	Parkway	
	HOS UNI guld	23	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF		(County) (Stote)	
	0 0 0 E 4		REMOVAL (Specify) June 25,1966 Moreland Mem			
	VR A15 (4)		FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution e. COUNTY b. COUNTY e. STATE by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporete limits, write RURAL end give neerest town) write RURAL and give neerast town filled in the Pages 1 urs after wsor executed within letely filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e, IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO within 72 NAME OF Middle DATE Month Day Yeer dwo DECEASED OF (Type or print) DEATH and col 5. SEX 6. COLOR OF RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months event, Days Hours certificate WIDOWED DIVORCED physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retirad) any POSTMASTER RVICE CHNETICU please .⊆ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then removal, 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (ffyasgivewerordatasofservice) attending physician. Dermit. 3: After this certificate has been signed by detached for use as the burial-transit permi 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH ō PART I. DEATH WAS CAUSED BY: ears cremation, IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which' gava risa to immediata ceuse burial DUE TO (e), stating the underlying the hospital or cause last. se o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? prior YES NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Pert I or Part II of item 18.) Health OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY Month, Dey, Yaer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) 4 factory, street, office bldg., etc.) Hour e.m. Not While DIRECTOR: Dept. et work at work 19 p.m. pe 196 21. I certify that (I) (this hospital) attended the deceased from.... 19: ... that (I) (we) last plnods State and that death occurred at 45 M, from the causes and on the date stated above. saw the deceased alive on. may 22e. SIGNATURE 22b. DATE ATTENDING SIGNED FUNERAL HOSPITAL page with th X DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, filed NAME OF CEMETERY OR CREMATOR LOCATION (City, town or county) (Stefa) 23e. BURIAL, CREMATION, 23b. DATE THEREOF D: P REMOYAL (Spacify) 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR VR A15 (4) 20M 5-63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 haurs after death death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY BALTIMORE o. STATE MARYLAND after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) FORT HOWARD and give negrest town) 1 DAY BALITIMORE e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 4602 DENVIEW WAY, APT. C. VETERANS ADMINISTRATION HOSPITAL NO X Middle 4. DATE 3 NAME OF First Last Year Day DECFASED 66 J. TAORMINA JUNE 6 ANTHONY 19 DEATH (Type or print) IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED birthday) JULY 20, 1911 WIDOWED DIVORCED MALE WHITTE 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? ase during mast of working life, even if retired) **INDUSTRY** the attending physician sit permit. Then prease HOTEL BALTIMORE, MARYLAND U.S.A. BARTENDER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME TERESA SCURTO SALVATORE TAORMINA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) ((If yes give war ar dates of service) 212 07 36 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HEMORRHAGE FROM GASTRO INTESTINAL TRACT IMMEDIATE CAUSE (o). DUE TO ESOPHAGEAL VARICES 2 YEARS Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the CIRRHOSIS OF LIVER 2 YEARS WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Haur o.m. Not While at work 6/5/66 . 19___, that (P) (we) last 21. I certify that this hospital), attended the deceosed from. 6/6/66 , and that death occurred at 11:55% Hom causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR ATTENDING 6/7/66 M.D. 22d, ADDRESS 22c. PHYSICIAN'S VAH FORT HOWARD, MARYLAND PETER V. JUVAN, M. D. NAME (Type) directar, 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 6/10/66. HOLY REDEEMER CEMETERY BALTIMORE, MARYLAND BURIAL 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR RUCK FUNERAL HOME 24. FUNERAL DIRECTOR LEONARD J. VR A15 (4) HARFORD, ROAD, BALTIMORE, MD 20 M 1/66

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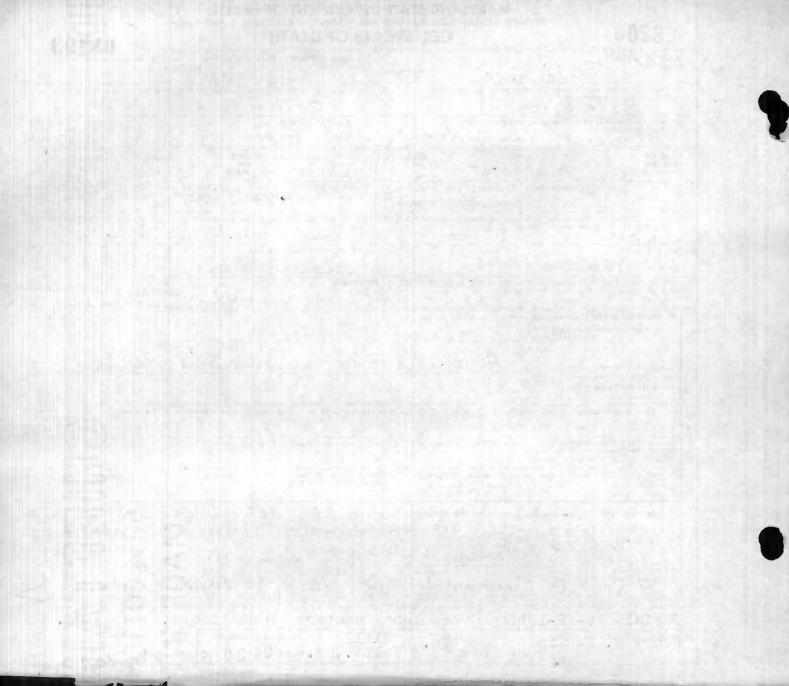
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08102

1	1. PLACE OF DEATH O. COUNTY Belfinore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Aryland b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (Mauside corporate limits, write RURAL and give nearest lawn) Baltumore 3
5	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HY MACOST Nursing Home	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sigma \) NOW
	3. NAME OF DECEASED (Type or print) Margaret S.	Thom 4. DATE Month Day Year OF DEATH June 19 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 8-3-1876 9. AGE (In years last birthday) 8 9 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
11	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	PENNSYLVANIA USA
	Adm. Yates Stirling	ELLEN S. HALEY
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or ynknown) (If yes, give war or dates of service) NONE MR	S JOHANN DO NOTTEBOHH GUATEMALA CITY C.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause lost. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DUE TO DUE TO (c)	occlusion on Sudden of Cardio Vascular disease
0	CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO.
	ZOC. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e. Pl	ED. (Enter noture af injury in Part I ar Parl II of ilem 18.) LACE OF INJURY (Hame, form, 20f. (City ar town) (Caunty) (State) ctory, street, affice bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased fram.	death accurred at IP.M. from the causes and an the date stated above.
		Cemetery Baltimore, (Stote)
1	24 Hyper Press Scharteins & Sons ADD 555 21	.212 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE to ., Md . DATE JUN 20 1966 Colombia 0
		Jan Jan

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE Page b. COUNTY 50 Baltimore Md. delay and 3 Deportment b. CITY OR TOWN (If outside corporate limits," c LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corporate limits, write-RURAL and give negrest tawn) and write RURAL and give nearest tawn) ofter Reisterstown Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS farm QUES 19 Hanover Road 19 Hanover Road tate Give Pages haurs after death. alang with First Middle 4. DATE Month DECEASED Tieperman Harry E. Sr. June DEATH SEX 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 NEVER MARRIED 85 birthdoy) Item 18. Months White Dec. 13, 1880 Male WIDOWED DIVORCED Office event and 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR during most of working life, even if retired) Retired Jeweler INDUSTRY in any Balto. City Md. . = pages pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Henry Tieperman Unknown File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or doles of service remaval. pending" 217-03-2617 A Mr. Harry E. Tieperman Jr. Reisterstown, Md. No 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (o) Word certificate should crematian. DUE TO Window (Swierda Conditions, if ony, which gove rise to immediate couse (a) DUE TO 0 stoting the underlying couse last. 0.5 burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) certificate. designated agent, priar ta 20o. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING ☐ CAUSE OF DEATH. 3 shauld 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) Not While Hansur Rd isterstown Bulls. ot work please execute 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X deoth resulted from: Noturol couses Accident . Suicide X Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type Address (Street, city, town, or county)

FUNERAL DIRECTOR: Inquiry X ond in my opinion Undetermined monner 22. DATE SIGNED Health or 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (State) 50 6/13/66 Western Cemetery Baltimore Md. 2Sa. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15ME F. Eline & Sons Reisterstown, Md. 1966 6M 1/66

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12. CITIZEN OF WHAT

COUNTRY

(County)

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ON A FARM?

Year

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Hours

INTERVAL BETWEEN

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WAS AUTOPS PERFORMED?

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

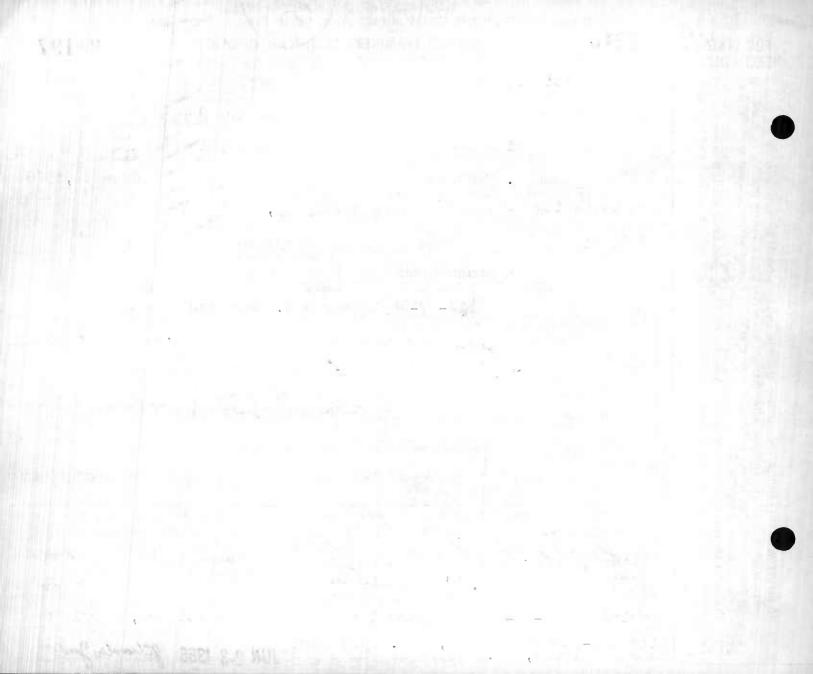
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filled in the State Dept. of Health prior to burial, cremation, or removal, and in any exemt, within 72 hours after death.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

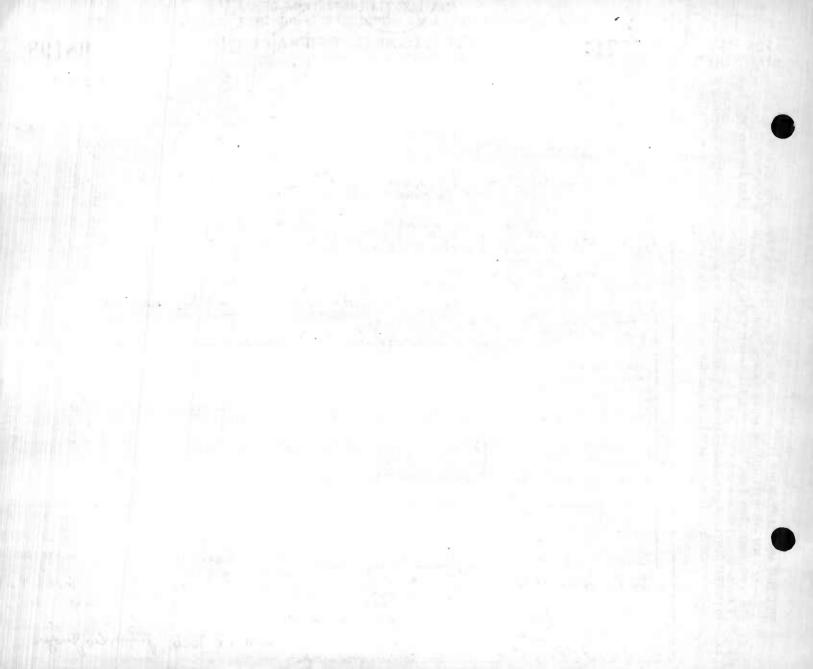
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	or print)	KAM	ES	**	TIERN	EY	DEATH	June	6	19	66
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		ER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 1	. INFORMA	NT		Address			
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18.	CAUSE OF I	EATH [Enter only one	cause per l	ina for (a), (b), and (a)	1	. /	11	1/		NTERVAL B	ETWEEN
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U (IF E	THER, NOTIFY	MEDICAL EXAMINER)						/			
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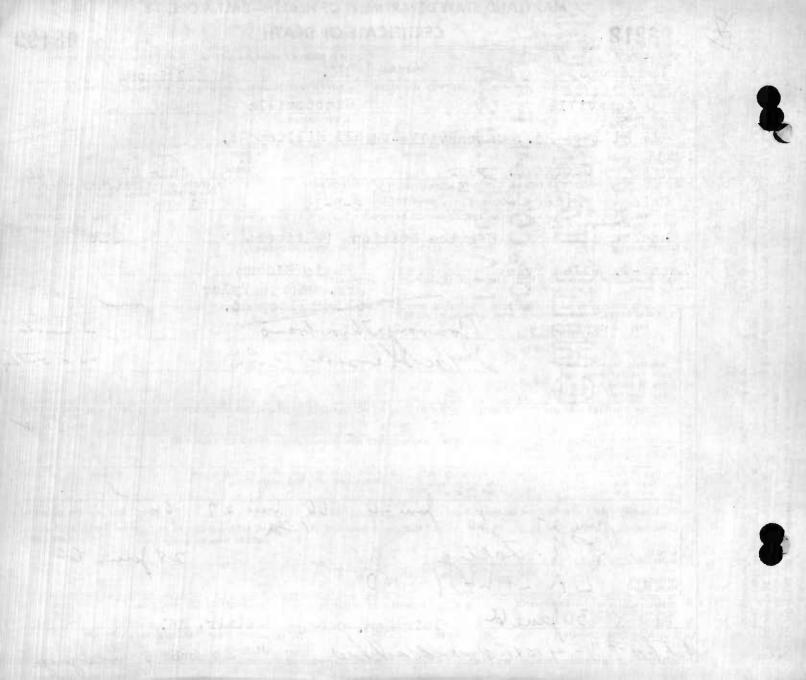
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08210 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Baltimore delay is ond 3 to Baltimere Maryland to death. MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) Rodgers Forge Rodgers Forge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? hours 416 Hopkins Road with the State D within 72 hour 416 Hopkins Read Give Pages YES NO X 3. NAME OF Middle Lost 4 DATE Month Day Year DECEASED 20,1966 June Emma Towasend (Type ar print) DEATH 5. SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS last ythday) Item 18. White Manths Hours Female. July 13, 1891 WIDOWED DIVOR CED event 24 hours 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Housewife INDUSTRY Home COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME within 13. FATHER'S NAME pencil Rauschenbach OUIS EMMA IS. WAS DECEASED EVER IN U.S. ARMED FORCES? This certificate should be executed 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, pq, or unknawn) (If yes give war ar dates af service) removol, 12-07-0492 George T. Townsend Same f8. CAUSE OF DEATH (Enter anly ane cause per Value (a), (b), ond (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (c writing the word cremotion, Canditians, if any, which gave rise to immediate cause (a). 0 stating the underlying cause 4 should be forwarded 05 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS AUTOPSY PERFORMED? 9 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in fart 1 or Part II of item 18.) shauld agent, prior PRIMARY I ar CONTRIBUTING I AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry (1), ond in my opinion death resulted from: Natural causes Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** U'Donnell, MD. Charles NAME (Type) Address (Street, city, tawn, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION 23b. DATE THEREOF (Caunty) 0 BREMOVAL (Specify) 6-23-66 Baltimore, Maryland Lorraine ADDRESS 2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Mitchell-Wiedefeld Home. Inc. 6500 York VR A15ME (5) Baltimore.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE Page h COUNTY 3 to Jo. death. deloy (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h CITY OR TOWN puo and give nearest town after NIUM YEARS. OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form hours Pages death. 3. NAME OF First Middle DATE 72 Last Manth DECEASED UNE pencil in Item 18 Give within (Type or print) 1966 DEATH 24 hours ofter with S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) Manths Haurs Days WIDOWED DIVORCED 0 event puo 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY GOUNTRY? dny BOILER MAKED ERSFY d "pending" in pencil in Chief Medical Exominer's BOILER MAKING poges 13. FATHER'S NAME within 2 ROUT File puo 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI. be executed LDNA PROUT CROWNER TRAVER CAMP (Yethol ar unknown) (If yes give war ar dates of service) removol 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY OL IMMEDIATE CAUSE (a) This certificate should writing the word cremation, DUE TO Canditians, if any, which gave (b) rise to immediate couse (o). DUE TO stoting the underlying cause 0 0.5 last. buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certificate. NO. 0 20a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ogent, prior 3 should CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge at work designoted Inspection [7] for 21. I certify that I took charge af the remains described obove, held an Autapsy , and in my apinian director. death resulted fram: Natural coures Accident Suicide Homicide Undetermined manner may be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funerol TO DEPUTY 10 necessory, Heolth Address (Street, dtv. town) NAME (Type) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY, OR CREMATOR (City or Town) (County) (State) 50 REMOVAL (Specify) EY GINGTERY VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 08212 Rea. Dist. No. 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE b. COUNTY MARYLAND Baltimore timore b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Catonsville Catonsville d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 611 Hillton Rd. ltop Rd. Catonsville-Md YES NO NAME OF 4. DATE Middle Last Month Day Year filled DECEASED OF DEATH George S. Tyler (Type or print) June 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years tast birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Hours Male White DIVORCED [WIDOWED | 8-8-14 YTS. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Mechanic Station 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katie Slacum Tate -ch. Allen Tyler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes, give wor or dates of service) George Tyler 1B. CAUSE OF DEATH [Enter only one couse per line fon(a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY it moulds IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IA 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED (State) (County) Hour o. m. foctory, street, office bldg., etc.) While Nat while at work of work p. m. 21. I certify that I attended the deceased fram. 196 What I last saw the deceased and that death accurred at 1 3 M, from the causes and an the date stated above. alive an_ ADDRESS (Street, city or tawn, state) DATE SIGNED ACTUAL P PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 24g. REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATUR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Miliante Juage 15M 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08214 death. physician and completely filled in by the funeral on blease remove carban papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b COUNTY BALTIMORE MARYLAND MARYLAND BALTIMORE 24 hours ofter hours ofter b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) HALETHORPE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 721 1722 SELMA AVENUE 27227 1722 SELMA AVENUE YES NOXX requires that the death certificate be executed within 3. NAME OF Middle First Lost 4 DATE Month Dov Year DECEASED ULLITY VILNIT JUNE (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH attending physician one compared in the please remove hirthdoy) Months Doys Hours MALE MX WHITE WIDOWED DIVORCED ond in any JULY 31, 1914 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? PIHKVA-ESTONIA WESTINGHOUSE FIECTRONIC ENGENEER 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME or removol, UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service d97-12-755] SELMA cremation, 18. CAUSE OF DEATH (Enter only one couse per lipe (or (o), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) by DUF TO Conditions, if ony, which gove (b) rise to immediate cause (o) DIF TO stoting the underlying couse os the O FUNERAL DIRECTOR: After this certificate has been last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use CERTIFICATION NO Poge 4 may be retoined by the hospitol or YES 🗌 200 ACCIDENT WAS HINDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram. . 19 66 , ta 6/16, 19 66, that (I) (we) last director, page 3 should should be filed with the 1966, and that death accurred at 1232 PM, from causes and an the date stated above. saw the deceased alive an. 6/16 22g-SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS M.D. PHYS 224 PHYSICIAN'S 22d. ADDRESS NAME (Type) 1311 FRANCIS AVENUE. 21227 JAMES N. FREDERICE 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) BURTAT 2 MEADOWRIDGE CEMETER BALTIMORE 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 2So. VR A15 (4) 20 M 1/66 OWARD H. HUBBARD, 4107 WILKENS AVENUE 21229

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funera USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE by the tr and completely filled in by the f emove carbon papers. Pages 1 any event, within 72 hours after hours after b. CITY DR TOWN (If outside corporate limits,
mite RURAL and give nearest town) 60140 MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b Baltid, filled in Pikesville d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARMS NO X 60 Garrisonind 10 YES Home. executed within NAME OF DATE Month Year 3. Middle Last 4. Day DECEASED JUNE 1966 Une/ DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH 9. 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Months Days Hours WIDDWED DIVDRCED [12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) certificate has been signed by the attending physician hed for use as the burial-transit permit. Then please it of Health prior to burial, cremation, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done) COUNTRY? during most of working life, even if retired) U.S.A E/ectrician rmeny PHYSICIAN: The law requires that the death certificate the hospital or attending physician. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bedwick 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkoun) (If yes give war or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) 19. WAS AUTDPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. of Health NO L YES 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) FUNERAL DIRECTOR: After this irector, page 3 should be detacl MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While be retained by ATTENDING p.m. at work at work 1966 to 1966, that (I) (we) last 6-19 3 should with the 21. I certify that/(I)/(this hospital) attended the deceased from 19 Co., and that death occurred at 12 cm., from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. filed ATTENDING PHYS. M.D. DIRECTOR 22d. ADDRESS PHYSICIAN'S director, p NAME (Type) Linson (State) LOCATION (City, town NAME OF 23d. BURIAL, OREMATION.I DATE THEREO 23c. CEMETERY OR CREMATORY 23b. REMDVAL (Specify) 2 25a. REC'D BY REGIS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH

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-	funeral and 2 death.		1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before admission)
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	executed within 24 hours and completely filled in by remove carbon papers. Pagrang vent, within 72 hours		3. NAME DF DECEASED (Type or print) FRANK JOSEPH UNIK DEATH JUNE	27 19 66
	com re c		5. SEX 6. COLOR OR RACE 7 MARRIED 0 MATE DE RIPTH 10 ACE (In wage LIE LINDS	D I VEAD HELIMBED SAME
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	de de per	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	INTERVAL BETWEEN
	that the sician. ned by the al-transit		PART I. DEATH WAS CAUSED BY: "New office of a fine of the section	ONSET AND DEATH
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	tal of the for Hea	0 3	fruktu Cryfellogila, Calbrillo 20a. ACCIDENT WAS UNDERLYING 17 / 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Pert 11 of item 1	YES NO
	D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	1	20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 1 (IF EITHER, NOTIFY MEDICAL EXAMINER)	0.)
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e death certific the attending r it permit. Then nation, or remove	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 212-40-6211 Family records	
ATTENDING PHYSICIAN: The law requires that the death certificate retained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician is should be detached for use as the burial-transit permit. Then ples vith the State Dept. of Health prior to burial, cremation, or removal, a	DUE TO Conditions, If eny, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bidg., etc.) 20c. County Month, Day, Year 20d. INJURY OCCURRED factory, street, office bidg., etc.)	WAS AUTDPSY PERFORMEO? (State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Department after death. funeral may be b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 0 the d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) S e. IS RESIDENCE delay and 3 to 18. ON A FARM? State NO M YES NAME OF Middle Day Last DATE Month Year the 72 DECEASED PN. (Type or print) DEATH 100 19 2 with within 5. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IFUNDER 1 YEAR 7. MARRIEG 8. 9. NEVER MARRIEO IF UNDER 24 HRS death. Pages last birthday) Months I Days Hours WIOOWEO [OIVORCED Y YYS. and a 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INCUSTRY COUNTRY _ 100 any 13. FATHER'S NAME pages in any 24 hours in Item 18 14. MOTHER'S MAIGEN NAME EXAMINER: This certificate should be executed within 24 hou certificate, writing the word "pending" in pencil in Item tould be forwarded to the Chief Medical Examiner's Office File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN 17. Address EdgunocalMu (Yes, no, or unkown) (If yes give war or dates of service) permit. CAUSE DF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND GEATH PART I. OEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a cremation, DUE TO Conditions, if any, which (b) geva rise to immediate DUE TO cause (e), atating the 10 ed as a burial, underlying cause last, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION WAS AUTOPSY PERFORMED. 50 NOL YES the certificate, writing the should be forwarded to be 2Da. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should lent, price 3 shou MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work at work Inquiry 12 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion DIRECTOR: death resulted from: Natural causes Undetermined manner Accident Suicide Homicide YOUR CHIEF MEDICAL EXAMINER Page ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 for FUNERAL OEPUTY MEDICAL EXAMINER Health please ex director. retained **EXAMINER'S** NAME (Type) Address istract, only, town Contobunity C7 23a. BURIAL, CREMATION. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) of 0 25a. REC'O BY REGISTRAR Tromps Mil RUS 24. FUNERAL DIRECTOR 25b. VR ALSME (5) Charles 1966 0 Col 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral Pages 1 and 2 urs after death. 24 hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Baltimore a. STATE b. COUNTY Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 0W50N-4 21212 = bon papers. within 72 hc d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS 9. IS RESIDENCE ON A FARM? St. Joseph Hospital Evesham Avenue NO X completely f be executed within 3. NAME DE First Middle DATE Month Last Day DECEASED Margaret 7. (Type or print) DEATH June Warnick 19 6. COLOR OR RACE | 7. MARRIED remove 5. SEX Sept. 22 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months Female White Davs Hours WIDOWED A DIVORCED [10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)

Homemaker

10b. Kind of Business OR INDUSTRY
Own Home 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) Own Home Baltimore, Md. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Patrick Williams Honora O'Keefe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. (Yes, no, or unknown) (If yes give war or dates of service) 216-05-9886D 17. INFORMANT Address 6 Mrs. Kenneth Nitz (Same) burial-transit pern burial, cremation, No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH been signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction 420 DUF TO Cenditions, If any, which (b) gave rise to immediate this certificate has been detached for use as the e Dept, of Health prior to DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached for MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After Stat at work at work should th the S 24 May 19 66 A to June 7 . 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. FUNERAL OIRECTOR: irector, page 3 shoul saw the deceased alive on June and that death occurred at 4:30M. from the causes and on the date stated above. 19 66 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. June 7,1966 M.D. DIRECTOR PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Nelson S. de la 7620 York Road 21204 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 9 REMOVAL (Specify) 6/10/66. Baltimore Cemetery Baltimore. Md. 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Leonard J. Ruck Inc. Balto. Md. 21214 Melanles 1966 VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) puo write RURAL and give negrest tawn mechanic muo. wilson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours YES NO T hours ofter death. 3. NAME OF 4. DATE Month DECEASED ENGERD 19 66 within (Type or print) S. SEX IF UNDER 1 YEAR MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS last birthday) Sept 28, 19 DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? agriculture Farmer Chief Medical Exominer's 13. FATHER'S NAME within pencil 14. MOTHER'S MAIDEN NAM 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service) 261-70-2128 removal 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: **QNSET AND DEATH** na ssive IMMEDIATE CAUSE (a) certificate should cremation, Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse forwarded burial, WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Wal YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture af injury in Part I or Part II af item 1B.) PRIMARY X or CONTRIBUTING artery Was torn during exercition CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City of town) (County) factory, street, office bldg., etc.) Nat While FUNERAL DIRECTOR: Page mit Wilson Hosp at work 21. I certify that I took charge of the remains described above, held on Autopsy for Inspection X. Inquiry X ond in my opinian the funerol director. deoth resulted fram: Natural causes Accident X. Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may to FUNER Health of NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) ST. MARY 6 NEW MARKET. JUNE 24, 1966 HURTSLER CEMETERY BURIAL 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15ME (5) W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND

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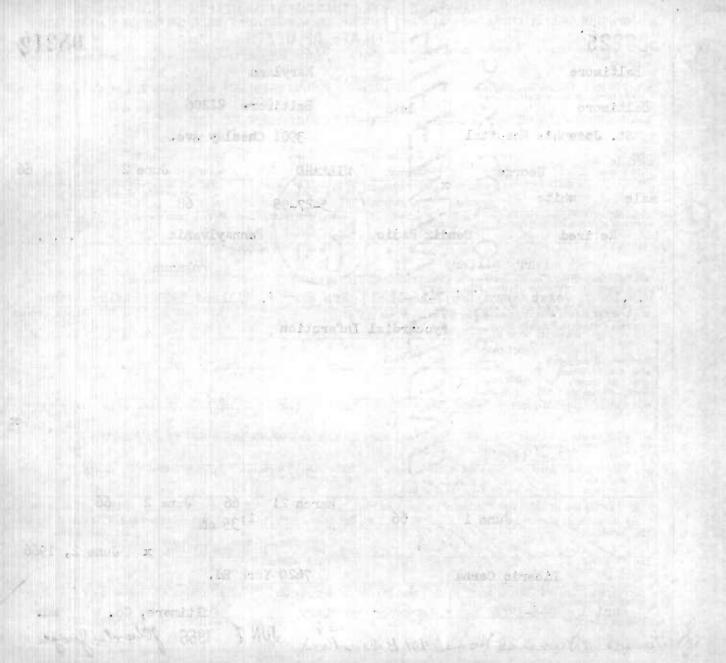
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00000 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town 10 attimore Heurson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Barto Stanmore. YES ND within event, withi completely NAME OF First Middie Last DATE Month DECEASED OF Wie (Type or print) DEATH rene 19 5. SEX 6. COLOR OR RACE AGE Un years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. last birthday) | Months | Days Hours and Male WIDOWED 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) requires that the death certificate be during most of working life, even if retired) COUNTRY? County 11.5.14 13. FATHER'S NAME remov 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFDRMAN 16. SOCIAL SECURITY ND 6 (Yes, no. or unkown) (If yes give war or dates of service) permi cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) burial-ti burial, DUE TO Conditions, If any, which (b) been gave rise to Immediate 2 DUE TD cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? certificate NO X YES T 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While After Id be c at work p.m. at work retained 21. I certify that (I) (this hospital) attended the deceased from 19.66. that (I) (we) last DIRECTOR: age 3 should iled with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED STAFF MED. DIRECTOR M.D. TO HOSPITAL Page 4 may pa 22c. PHYSICIAN'S ADDRESS should be director, NAME (Type) BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 ADDRESS FUNERAL/DIRECTOR 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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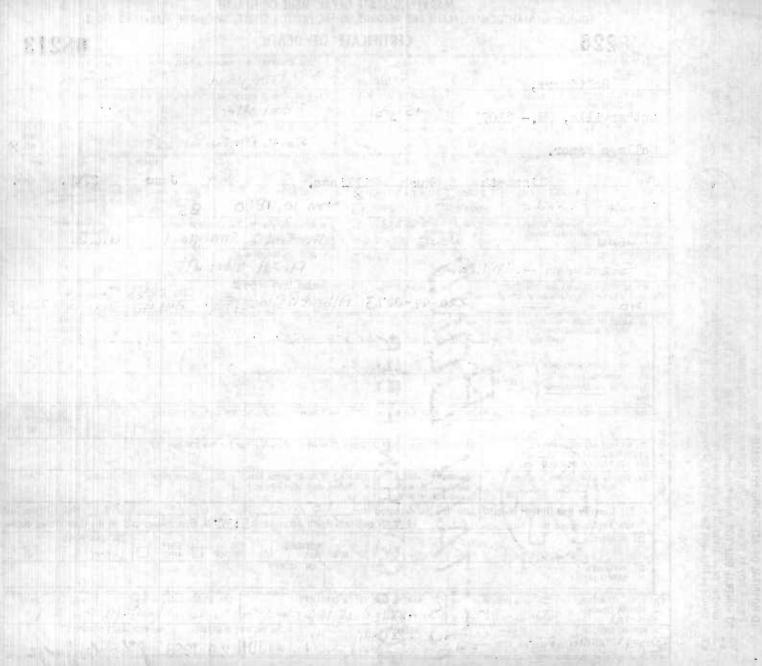
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission PLACE DF DEATH a. COUNTY b. COUNTY Pages 1 urs after Daltimore MARYLAND b. CITY DR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) carbon papers. Pagent, within 72 hours hours OWSON .= lowso filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO within completely NAME DE 3. DATE Middle Month 4. DECEASED event, 13 (Type or print) harles Koher DEATH 19 66 executed SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. MARRIED OATE OF BIRTH гетоуе NEVER MARRIED and in any and 25 - 12 WIDOWED 10 3 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease pe during most of working life, even if retired) INDUSTRY COUNTRY? Metallurgical death certificate attending phy-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit, cremation, or r Address (Yes, no, or unkown) (If yes give war or dates of service) NONE the 18. CAUSE DF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN The law requires that the ONSET AND DEATH I-transi P PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) been signed burial-tr DUE TO Conditions, If any, which gave rise to immediate the or ro DUE TO cause (a), stating the as the underlying cause last. certificate has CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY use for use Health PERFORMED? the hospital or NO [detached for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) be detached State Dept. (MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work After While ATTENDING at work p.m. retained P 21. I certify that (I) (this hospital) attended the deceased shoul DIRECTOR: PM. from the causes and on the date stated above. saw the deceased aliver pn. 3 show and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED OR e director, page should be filed v MED. DIRECTOR STAFF ATTENDING M.D. O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 2 BURIAL (Specify) 24. AFUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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	DIVI	SION OF STATISTICAL R	ARYLAND STATE DE			E 1, MARYLAND
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	b. CITY OR write Ri	TOWN (if outside corporate limits URAL and give nearest town)		c. CITY OR TOWN (II	outside corporate limits, write	RURAL end give nearest town)
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7		FHOSPITAL OR INSTITUTION (If no Joseph's Hospita		d. STREET AOORESS 3901 Ch	nesley Ave. #6	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Oay Year
L	(Type or pr	400250	-01103	LLARD	DEATH June	10
ı	5. SEX	white	THE ES THEFER IMARKITED	B. OATE OF BIRTH	9. AGE (In years III	UNOER 1 YEAR IF UNOER 24 HRS
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-	13. FATHER'S		Bendix Radio	P€	nnsylvania	.S.A.
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-	15. WAS DECEA			INFORMANT	nknown	
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=	I 18. CAUSI	E DF DEATH L Enter only one cause		13 mary 0.	MILITAR (L.)701 OIL	I INTERVAL BETWEEN
		I. OEATH WAS CAUSED BY:	Myocardial Inf	arction		ONSET AND DEATH
	4	IMMEDIATE CAUSE (a)				
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	underlying	cause last. (c)				
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		a.m.	Od. INJURY OCCURRED 20e. PLA While Not While facto	CE OF INJURY (Home, fa ry, street, office bidg., e	arm, 20f. (City or town)	(County) (State)
		ertify that (I) (this hospital) at		March 21 1	9 66 to June 2	, 1966 , that (I) (we) las
	saw the	e deceased alive on June		death occurred at 1	3 cM, from the causes at	
1		IATURE	1.			22b. OATE SIGNEO
		reens U.	arra M.C	. PHYS.	MEO. OIRECTOR PHYS.	June 2, 1966
		SICIAN'S Licerio Cer	na	7620 You	rk Rd.	
	23a. BURIAL, (CREMATION, 23b. OATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)
	bul	rial 16-6-1966		etery		Co. Md.
	24. FUNERAL	OIRECTOR	AOORESS	3 ¢	N: 1000 MM	arles Judges
	·Lassal	hn tunual Ho	me 7401 Below	Road DATE	1300	and Sunday



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH filled in by the funeral n papers. Pages 1 and 2 ithin 72 haurs after death. requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY Harbord a. COUNTY Baltimore,
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) BEI Air 15 45. Lutherville, Md. - 21093 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? North MAIN STREET YES NO IX College Manor. 3. NAME OF DECEASED 4. DATE Day Year ove carby (Type or print) DEATH June 19 Elizabeth Williams Rush S. SEX 6. COLOR OR RACE X 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours white Nov. 10, 1880 FEMALE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired) physician c COUNTRY? INDUSTRY HArford Co. Maryland NONE NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, StEVENSON A. Williams Ariel STREETT 30 Office Street 21014
REI Air MANJON 21014 16. SOCIAL SECURITY NO. 17. INFORMANT 838-7575 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give wor or dates af service) Albert P. Close, Esq. 220-44-0673 NO INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), **DUE TO** stating the underlying cause 10 FUNERAL DIRECTOR: After this certificate has been the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port f or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) foctory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this haspital) attended the deceased fram___ the deceased fram 3 19 19 to 19 M, from causes and an the date stated abave. 1000 al 19___, that (1) (we) last Mun 23 saw the deceased alive an___ 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Tawn) Burtal (Specify) Churchville Presbyter As Church Com Churchwille, Harfred Co Maryland JUNE 29, 1966 24. FUNERAL DIRECTOR Lo. Broadway & Lilliams St 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 JOSEPH Will: Am Foster BEI Air manlard 21014



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death pup and completely filled in by the funeral remove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland Harford within 72 hours ofter MARYLAND CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. Whiteford, Maryland Lmth2 dvs Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SPRING STATE none GROVE HOSPITAL NO X YES | The law requires that the deoth certificate be executed within 3. NAME OF Middle First 4. DATE Month Day Year DECEASED Williams Hugh 30 June 66 A. (Type or print) DEATH 19 SEX IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH 9. AGE (in years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthdoy) Manths Doys white WIDOWED DIVORCED July 8. 1900 male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT the ottending physican c sit permit. Then please during most of working life, even if retired)
electrician helper INDUSTRY COUNTRY? Maryland

14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME removal David J. Williams Mary Moore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates af service) 0 216-67-6231 unknown Records: SPRING GROVE STATE HOSPITAL cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit ONSET AND DEATH Acute heart failure IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospital or attending physicion. DUE TO buriol. Conditions, if ony, which gave Arteriosclerotic cardiovascular disease rise to immediate cause (a) r this certificate has been si detoched for use os the b te Dept, of Health prior to b DUE TO stoting the underlying couse Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION State Dept. of Health NO X 20o. ACCIDENT WAS UNDERLYING [] 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month. Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Nat While of work L TO FUNERAL DIRECTOR: After pe the deceosed from Feb. 18, 1966 to June 30, 1966, that (we) lost 1966, and that death occurred of 2330 M, from causes and on the date stated above. 21. I certify that (\$\infty\$ (this hospital) ottended the deceased from. June 30, 19 66, that (we) lost directar, page 3 should shauld be filed with the sow the deceased alive on June 30 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED 6-30-66 DIRECTOR PHYS 22d. ADDRESSPRING STATE HOSPITAL GROVE 22c. PHYSICIAN'S Imre Kopits, M.D. NAME (Type) Baltimore, Maryland 21228 23b. DATE THEREOF BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Delta Penna. Slateville -3-66 Buria FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1966 Delta, Penna. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

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George J. Gonce - 4001 Ritchie Hgwy., Baltimore

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Catonsville c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21225 one week d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Paradise Mursing Home 5231 Patrick Henry Drive NO TO NAME OF First Middle 4. DATE Manth DECEASED 66 26 Wolff June Tillie (Type or print) DEATH DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8 (st birthday) Manths Davs Haurs Aug 16. 1884 WIDOWED DIVORCED Cauc Female 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign country) during most of working life, even if retired)

Housewife COUNTRY? INDUSTRY Jamesville . Minnesota Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matilda William Barbknecht IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 5231 Patrick Henry Drive (Yes, no, ar unknown) (If yes give war or dotes of service George Wolff 217-30-2640 Baltimore, Md 21225 No 1B. CAUSE OF DEATH (Enter anly one cause per line for)(a), (b), and (c).) INTERVAL BETWEEN PART I. OEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DECEMBER NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm) 20f. (City or towar (County) (Stote) factory, street, office bldg., et-Haur a.m. Nat While at wark at work 21. I certify that (1) (this hospital) attended the decored from and that death accurred A.M. from causes and an the date stoted above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SLENED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR' 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 1303 Frederick Road, Balto. Md McGrath William E. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY. 4 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (State) REMOVAL (Specify) Baltimore Nat'l Cemetery Baltimore. Maryland June 29,1966 Buria. 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ... 24. FUNERAL DIRECTOR

Charles

1966

requires that the death certificate be executed within 24 havrs after death and campletely filled in by the funeral remove carban papers. Pages thand in any event, within 72 hours after death signed by the attending rem a as the priar to has been O FUNERAL DIRECTOR: After this certificate director, page of should be filed with the S be retained

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